

UNITED STATES OF AMERICA)
)
 v.)
)
 Manning, Bradley E.)
 PFC, U.S. Army,)
 HHC, U.S. Army Garrison,)
 Joint Base Myer-Henderson Hall)
 Fort Myer, Virginia 22211)

Prosecution Motion
for Preliminary Ruling on
Admissibility of Evidence
(Business Records)

Enclosure 1

22 June 2012

PROSECUTION EXHIBIT 1 for identification
PAGE OFFERED: 1 PAGE ADMITTED: 1
PAGE 1 OF 1 PAGES

PAGE ADMITTED: 1
for identification



DEPARTMENT OF THE ARMY
U.S. ARMY HUMAN RESOURCES COMMAND
1600 SPEARHEAD DIVISION AVENUE
FORT KNOX, KY 40122

AHRC-PDR-R

April 18, 2012

MEMORANDUM FOR Headquarters, Fort Lesley J. McNair, DC 20319

SUBJECT: Certification of Official Military Personnel File (OMPF) pertaining to:
PFC Manning, Bradley E. (b) (6)

1. Per your request, and under the provisions of AR 600-8-104, paragraph 2-3, the attached documents are released. I certify that the released OMPF of the Soldier named is a true and complete copy of the OMPF maintained at this record site. In witness whereof, I have this date hereunto set by hand and affixed the seal of the Army Human Resources Command-Fort Knox, Department of the Army, 1600 Spearhead Division Avenue, Fort Knox, Kentucky 40122-5000.

2. This memorandum certifies that Soldier OMPFs are maintained by the Army Soldier Records Branch within the Army Human Resources Command-Fort Knox, as required by appropriate regulations. As custodian of these records, the undersigned is authorized to certify official records, reports, entries, or documents filed therein.

3. Point of contact is the undersigned at COMM (b) (6), (b) (7), DSN (b) (6), (b) (7).

Encl


Domingo U. Confuente
HR Assistant, iPERMS Support Team
Army Soldier Records Branch

NAME: MANNING, BRADLEY EDWARD SSN: (b) (6)

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).
PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

<p>1. NAME (Last, First, Middle Initial) MANNING, BRADLEY EDWARD</p> <p>3a. SERVICE/CIVILIAN CATEGORY</p> <p>ARMY NAVY MARINE CORPS AIR FORCE DoD CIVILIAN CONTRACTOR</p> <p>4a. SPOUSE NAME (if applicable) (Last, First, Middle Initial) SINGLE</p> <p>5 CHILDREN</p> <p>a. NAME (Last, First, Middle Initial) None.</p> <p>6a. FATHER NAME (Last, First, Middle Initial) BRIAN EDWARD MANNING</p> <p>7a. MOTHER NAME (Last, First, Middle Initial) SUSAN MARY MANNING</p> <p>8a. DO NOT NOTIFY DUE TO ILL HEALTH None.</p> <p>9a. DESIGNATED PERSON(S) (Military Only) None.</p> <p>10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)</p>	<p>2. SSN (b) (6)</p> <p>b. REPORTING UNIT CODE/DUTY STATION WBDAAA / FT DRUM</p> <p>b. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER</p> <p>c. DATE OF BIRTH (YYYYMMDD)</p> <p>d. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER</p> <p>b. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER (b) (6), (b) (7)(C)</p> <p>b. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER (b) (6), (b) (7)(C)</p> <p>b. NOTIFY INSTEAD</p> <p>b. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER</p>
---	--



DD FORM 93 (E), JAN 2008

PREVIOUS EDITION IS OBSOLETE

NAME: MANNING, BRADLEY EDWARD SSN: (b) (6)

SECTION 2 - BENEFITS RELATED INFORMATION

<p>11a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only) TYLER RAYMOND WATKINS</p> <p>12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME AND RELATIONSHIP BRIAN EDWARD MANNING (FATHER)</p> <p>13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)</p>	<p>b. RELATIONSHIP OTHER</p>	<p>c. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER (b) (6), (b) (7)(C) (b)</p> <p>b. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER (b) (6), (b) (7)(C) (b) (6)</p> <p>b. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER</p>	<p>d. PERCENTAGE 100</p> <p>c. PERCENTAGE 100</p>
--	---	--	---

NAME: MANNING, BRADLEY EDWARD SSN: (b) (6)		
<i>(Military only)</i> NAME AND RELATIONSHIP		
BRIAN EDWARD MANNING (FATHER)		(b) (6), (b) (7)(C)
14. CONTINUATION/REMARKS		
15. SIGNATURE OF SERVICE MEMBER/CIVILIAN <i>(Include rank, rate, or grade if applicable)</i>	16. SIGNATURE OF WITNESS <i>(Include rank, rate or grade as appropriate)</i>	17. DATE SIGNED <i>(YYYYMMDD)</i>
		20090821

DD FORM 93 (E) (BACK), JAN 2008

NAME: MANNING, BRADLEY EDWARD SSN: (b) (6)

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).
PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For **military personnel**, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For **civilian personnel**, it is used to expedite the notification process in the event of an emergency and/or death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancée), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION


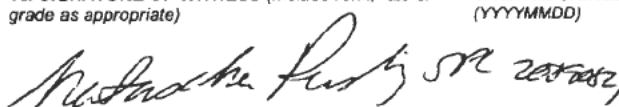
<p>1. NAME (Last, First, Middle Initial) MANNING, BRADLEY EDWARD</p> <p>3a. SERVICE/CIVILIAN CATEGORY</p> <p><input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR</p> <p>4a. SPOUSE NAME (if applicable) (Last, First, Middle Initial) SINGLE</p> <p>5. CHILDREN</p> <p>a. NAME (Last, First, Middle Initial) None.</p> <p>6a. FATHER NAME (Last, First, Middle Initial) BRIAN EDWARD MANNING</p> <p>7a. MOTHER NAME (Last, First, Middle Initial) SUSAN MARY MANNING</p> <p>8a. DO NOT NOTIFY DUE TO ILL HEALTH None.</p> <p>9a. DESIGNATED PERSON(S) (Military Only) None.</p> <p>10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)</p>	<p>2. SSN (b) (6)</p> <p>b. REPORTING UNIT CODE/DUTY STATION WBDAAA / FT DRUM</p> <p>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</p> <p>b. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER</p> <p>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER (b) (6), (b) (7)(C)</p> <p>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER (b) (6), (b) (7)(C)</p> <p>b. NOTIFY INSTEAD</p> <p>b. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER</p>
--	--

DD FORM 93 (E), JAN 2008 PREVIOUS EDITION IS OBSOLETE

NAME: MANNING, BRADLEY EDWARD SSN: (b) (6)

SECTION 2 - BENEFITS RELATED INFORMATION

<p>11a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only) TYLER RAYMOND WATKINS</p> <p>12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME AND RELATIONSHIP BRIAN EDWARD MANNING (FATHER)</p> <p>13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)</p>	<p>b. RELATIONSHIP OTHER</p>	<p>c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER (b)(6), (b) (7)(C)</p> <p>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER (b) (6), (b) (7)(C)</p> <p>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</p>	<p>d. PERCENTAGE NUMBER 100</p> <p>c. PERCENTAGE NUMBER 100</p>
--	---	---	---

NAME: MANNING, BRADLEY EDWARD SSN: (b) (6)		
<i>(Military only)</i> NAME AND RELATIONSHIP		
BRIAN EDWARD MANNING (FATHER)		(b) (6), (b) (7)(C)
14. CONTINUATION/REMARKS		
15. SIGNATURE OF SERVICE MEMBER/CIVILIAN <i>(Include rank, rate, or grade if applicable)</i>	16. SIGNATURE OF WITNESS <i>(Include rank, rate or grade as appropriate)</i>	17. DATE SIGNED <i>(YYYYMMDD)</i>
		SR 200802

DD FORM 93 (E) (BACK), JAN 2008

Please read the instructions before completing this form

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply) <input type="checkbox"/> Name or update your beneficiary <input type="checkbox"/> Reduce the amount of your insurance coverage <input type="checkbox"/> Decline insurance coverage				Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.	
Last name MANNING	First name BRADLEY	Middle name EDWARD	Suf.	Rank, title or grade PFC	Social Security Number (b) (6)
Branch of Service(Do not abbreviate) Amy			Current Duty Location WBDAAA		
<p style="text-align: center;">Amount of Insurance</p> <p>By law, you are automatically insured for \$400,000. If you want \$400,000 of insurance, skip to Beneficiary(ies) and Payment Options if you want less than \$400,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. If you do not want any insurance, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."</p> <p style="text-align: center;">Declining SGLI coverage also cancels all family coverage under the SGLI program.</p> <p style="text-align: center;">I want coverage in the amount of \$ _____ Your initials _____</p> <p style="text-align: center;">(Write "I do not want Insurance at this time.")</p> <p><small>*Note: Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.</small></p>					
Beneficiary(ies) and Payment Options					
I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).					
Complete Name (first, middle, last) and Address of each beneficiary		Social Security Number (If known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal (b) (6), (b) (7)(C)			OTHER	100%	LUMP SUM
(b) (6), (b) (7)(C)			AUNT	100%	LUMP SUM
I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that: . This form cancels any prior beneficiary or payment instructions. . The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above. . If I have legal questions about this form, I may consult with a military attorney at no expense to me. . I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.					
SIGN HERE IN INK (Your Signature. Do not print.)				Date: 20090821	
Do not write in space below. For official use only.					
WITNESSED AND RECEIVED BY:		RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED	
		SPL HHC 2ND BOLT BDE	2ND BOLT BDE	20090821	

SGLV-8286 (E)



DEPARTMENT OF THE ARMY
CERTIFICATE OF TRAINING

This is to certify that
PV2 BRADLEY MANNING

has successfully completed

Combat Lifesavers Course 40 HRS

(b) (6), (b)
(7)(C)

Given at 26 SEPT 2008

PAUL R. WALTER
LTC, MI
Commanding

Please read the instructions before completing this form

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

Name or update your beneficiary

Reduce the amount of your insurance coverage

Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name MANNING	First name BRADLEY	Middle name EDWARD	Suf	Rank, title or grade PV2	Social Security Number (b) (6)
Branch of Service (Do not abbreviate) Army			Current Duty Location WBDAAB		

Amount of Insurance

By law, you are automatically insured for \$400,000. If you want \$400,000 of insurance, skip to Beneficiary(ies) and Payment Options. If you want less than \$400,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. If you do not want any insurance, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage under the SGLI program.

I want coverage in the amount of \$ _____ Your initials _____

(Write "I do not want insurance at this time.")

**Note: Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.*

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (If known)	Relationship to you	Share to each beneficiary (Use % \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal (b) (6), (b) (7)(C)		FATHER	100%	LUMP SUM
Contingent				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions.
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.

SIGN HERE IN INK [Signature] Date: 20080902 BEM
(Your Signature. Do not print.)

Do not write in space below. For official use only.

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
<u>[Signature]</u>	PV2	PSTDF	20080902

SGLV-8286 (E)

CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

AN AGREEMENT BETWEEN

BRADLEY EDWARD MANNING

AND THE UNITED STATES

(Name of Individual - Printed or typed)

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 12356, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in Sections 1.1 and 1.2(e) of Executive Order 12356, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.
2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.
3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of the information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm from an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b), above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.
4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or the termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of Sections 641, 793, 794, 798, and *952, Title 18, United States Code, *the provisions of Section 783(b), Title 50, United States Code, and the provisions of the Intelligence Identities Protection Act of 1982. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.
5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication, or revelation of classified information not consistent with the terms of this Agreement.
6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.
7. I understand that all classified information to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of Section 793, Title 18, United States Code, a United States criminal law.
8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.
9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.
10. These restrictions are consistent with and do not supersede, conflict with or otherwise alter the employee obligations, rights or liabilities created by Executive Order 12356; Section 7211 of Title 5, United States Code (governing disclosures to Congress); Section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); Section 2302(b)(8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that could expose confidential Government agents), and the statutes which protect against disclosure that may compromise the national security, including Sections 641, 793, 794, 798, and 952 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. Section 783(b)). The definitions, requirements, obligations, rights, sanctions and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.

(Continue on reverse.)

11. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me the Executive Order and statutes referenced in this Agreement and its implementing regulation (32 CFR Section 2003.20) so that I may read them at this time, if I so choose.

SIGNATURE 	DATE 07 APR 08	SOCIAL SECURITY NUMBER (See Notice below) (b) (6), (b) (7)(C)
--	-------------------	---

ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS, AND, IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER)
(Type or Print)

Company: D CO
 Battalion: 305TH MI BN
 Fort Huachuca, Arizona 85613

Attestation completed on: 07 APR 08

WITNESS		ACCEPTANCE	
THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.		THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.	
SIGNATURE Elisa K. Rubin	DATE 07 APR 2008	SIGNATURE Elisa K. Rubin	DATE 07 APR 2008
NAME AND ADDRESS (Type or print) Commander, USAIC&FH ATTN: ATZS-GI-E Building # 22320, Augur Avenue Fort Huachuca, AZ 85613-6000		NAME AND ADDRESS (Type or print) Commander, USAIC&FH ATTN: ATZS-GI-E Building # 22320, Augur Avenue Fort Huachuca, AZ 85613-6000	

SECURITY DEBRIEFING ACKNOWLEDGMENT

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) (strike out inappropriate word or words) received a security debriefing.

SIGNATURE OF EMPLOYEE	DATE
-----------------------	------

NAME OF WITNESS (Type or print)	SIGNATURE OF WITNESS
---------------------------------	----------------------

NOTICE: The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Account Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the information indicated above or 2) determine that your access to the information indicated has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possibly result in the denial of your being granted access to classified information.

* NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

STANDARD FORM 312 BACK (REV. 1-91)

USAPPC V2.00

07275B1010		MONTGOMERY GI BILL ACT OF 1984 (MGIB) <i>(Chapter 30, Title 38, U.S. Code)</i> BASIC ENROLLMENT	
PRIVACY ACT STATEMENT			
AUTHORITY: Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B, and EO 9397			
PRINCIPAL PURPOSE: To document the understanding of members about their eligibility or lack of eligibility for benefits under the Montgomery GI Bill Act of 1984 (MGIB) and document a member's election to decline enrollment for benefits under the MGIB			
ROUTINE USES: To the Department of Veterans' Affairs to ascertain an individual's eligibility to claim benefits under the MGIB			
DISCLOSURE: Voluntary, however, failure to provide the requested information will result in the individual being automatically enrolled in the MGIB program			
1. SERVICE MEMBER DATA			
a NAME (LAST, First, Middle Initial) MANNING BRADLEY E		b SOCIAL SECURITY NUMBER (SSN) (b) (6)	
2. STATEMENT OF UNDERSTANDING FOR INELIGIBLE MEMBERS			
I am NOT eligible for MGIB because (a) I am a Service Academy graduate, or (b) I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty			
(1) SERVICE MEMBER SIGNATURE	(2) RANK / GRADE	(3) DATE SIGNED (YYYYMMDD)	
3. STATEMENT OF UNDERSTANDING FOR ALL ELIGIBLE MEMBERS			
(1) I am automatically enrolled unless I exercise the option to DISENROLL by signing item 5 below			
(2) UNLESS I DISENROLL from the MGIB, my basic pay will be reduced \$100 per month or the current monthly rate until \$1,200 has been deducted, the basic pay reduction CANNOT be REFUNDED, SUSPENDED OR STOPPED , this is an IRREVOCABLE DECISION .			
(3) I must complete 36 months of active duty service (24 months if my enlistment is for less than 36 months) before I am entitled to the current rate of monthly benefits. The MGIB provides benefits for a period of 36 months			
(4) I understand I am eligible for an increased monthly benefit by contributing an additional amount, not to exceed \$600 while on active duty. Once I separate, I cannot contribute			
(5) I must receive an HONORABLE discharge for service establishing entitlement to the MGIB. This DOES NOT include "under honorable conditions"			
(6) I must complete the requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of 12 semester hours in a program of education leading to a standard college degree before applying for benefits with the Department of Veterans' Affairs			
(7) I have 10 years from date of last discharge from active duty to use MGIB benefits			
(8) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans' Affairs (DVA)			
(9) I cannot receive any combination of DVA educational benefits in excess of 48 months			
(10) I must complete at least 24 months of a 3 year active duty service obligation and if my obligation is 2 years I may join and serve honorably in the Selected Reserve for a minimum of 48 months to qualify for the current active duty benefit rate. A (one) period of service CANNOT qualify me for both active and reserve MGIB benefits			
(a) SERVICE MEMBER SIGNATURE X 		(b) RANK/GRADE PV1/E01	(c) DATE SIGNED (YYYYMMDD) 20071004
4. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS			
MOS 35F			
TOS 4YRS			
CASH BONUS			
5. STATEMENT OF DISENROLLMENT			
I DO NOT desire to participate in the MGIB. I understand the benefits of the MGIB program and that I WILL NOT be able to enroll at a later date			
a DATE SIGNED (YYMMDD)	b RANK/GRADE	c SERVICE MEMBER SIGNATURE	
6. CERTIFYING OFFICIAL			
a TYPED OR PRINTED NAME (LAST, First, Middle Initial) MURPHY VENA	b RANK/GRADE GS-4	c SIGNATURE 	d DATE SIGNED (YYYYMMDD) 20071004

DD FORM 2366, JUN 2002

PREVIOUS EDITION IS OBSOLETE

Office of Personnel Management
2.2

EPSQ version

SECURITY CLEARANCE APPLICATION

O.M.B. No. 3206-0007

Date: 10/04/2007

Time: 10:14

AM

Standard Form 86, Sep. 95

Manning, Bradley Edward

SSN: (b) (6)

(b)

1. Personal Information

Name: Manning
Bradley Edward

Birth Date: 1987/12/17

Sex:

MALE

Place of Birth: Oklahoma City, OK

County: OKLAHOMA
UNITED STATES

Maiden Name:

Work/Day Phone:

Home/Evening Phone: (b) (6)

(b)

Height: 5 - 2

Weight: 101.00

Hair Color: BLOND

Eye Color:

BLUE

2. Other Names Used

NO Have you ever used or been known by another name?

3. Citizenship

Current Citizenship: U.S. CITIZEN AT BIRTH, NATIVE BORN

Mothers Maiden Name: (b)
Susan Mary

NO Are you now or were you a dual citizen of the U.S. and another country?

Passport Number: (b) (6), (b)
2005/08/24

Passport Issuance Date:

4. Where You Have Lived

FROM TO ADDRESS

1. 2006/07/10

PRES

(b) (6), (b) (7)(C)

Person Who Knows You:

(b) (6), (b) (7)(C)

Phone: (b)

NO Is this residence address hard to find?

2. 2006/04/10 2006/07/09

(b) (6), (b) (7)(C)

Person Who Knows You:

(b) (6), (b) (7)(C)

Phone: (b)

NO Is this residence address hard to find?

3. 2005/09/10 2006/04/09

(b) (6), (b) (7)(C)

Person Who Knows You:

(b) (6), (b) (7)(C)

Phone: (b)

NO Is this residence address hard to find?

4. 2001/11/10 2005/09/09

(b) (6), (b) (7)(C)

Person Who Knows You:

(b) (6), (b) (7)(C)

Phone: (b)

NO Is this residence address hard to find?

5. 1992/01/09 2001/11/09

(b) (6), (b) (7)(C)

Person Who Knows You:

(b) (6), (b) (7)(C)

Phone: (b) [REDACTED]

NO Is this residence address hard to find?

5. Where You Went To School

YES Have you attended school beyond Junior High School within the last 5 years?

FROM	TO	TYPE/ADDRESS

1. 2001/09/01	2005/06/09	HIGH SCHOOL
Degree/Diploma/Other		Tasker Milward VC
HIGH SCHOOL DIPLOMA		Portfield Ave Haverford
Award Date: 2005/06/09		Wales, UNITED KINGDOM SA611EQ

Person Who Knows You

(b) (6), (b) (7)(C) [REDACTED]

Phone: (b) [REDACTED]

2. 2007/01/09	2007/05/10	COLLEGE, UNIVERSITY, MILITARY
COLLEGE		

Degree/Diploma/Other		MONTGOMERY COLLEGE OF
ROCKVILLE		

Award Date:

51 Mannakee St
Rockville, MD 20850-1101

Person Who Knows You

(b) (6), (b) (7)(C) [REDACTED]

Phone: (b) [REDACTED]

6. Your Employment Activities

FROM	TO	TYPE OF EMPLOYMENT

1. 2007/01/10	PRES	OTHER

Your Position: Barista
Employer Name: Starbucks
Employer Address: 7911 Tuckerman Lane
Potomac, MD 20854
Employer Phone: 011 301-765-0556

Supervisor Name: Rubin
David Mark
Supervisor Phone:

NO Is the job address different from the employer's address?

NO Is the supervisor's address different from the job location address?

PREVIOUS PERIODS OF ACTIVITY:

NO Have you worked for this organization previously?

2. 2006/06/10 2007/01/09 UNEMPLOYMENT (INCLUDE NAME OF
PERSON WHO CAN VERIFY)

Your Position: Unemployed
Employer Name: Mary Girardi
Employer Address: (b) (6), (b) (7)(C)
Employer Phone: (b) [REDACTED]

3. 2006/04/10 2006/06/09 OTHER

Your Position: Asst Manager
Employer Name: FYE
Employer Address: 7021 S Memorial Drive
Tulsa, OK 74133
Employer Phone: 011 918-252-7399

Supervisor Name: Stewart
Rodney James
Supervisor Phone:

NO Is the job address different from the employer's address?

NO Is the supervisor's address different from the job location address?

PREVIOUS PERIODS OF ACTIVITY:

NO Have you worked for this organization previously?

4. 2006/02/10 2006/04/09 OTHER

Your Position: Intern Programer
Employer Name: Zoto Inc
Employer Address: 123 South Hudson Street
Oklahoma City, OK 73102
Employer Phone: 011 650-641-0108

Supervisor Name: Campbell
Thomas Kord

Supervisor Phone:

NO Is the job address different from the employer's address?

NO Is the supervisor's address different from the job location address?

PREVIOUS PERIODS OF ACTIVITY:

NO Have you worked for this organization previously?

5. 2005/09/10 2006/02/09 OTHER

Your Position: Server
Employer Name: Incredible Pizza Co
Employer Address: 8314 E 71st
Tulsa, OK 74133
Employer Phone: 011 918-294-8671

Supervisor Name: Edwards
John Brad

Supervisor Phone:

NO Is the job address different from the employer's address?

NO Is the supervisor's address different from the job location address?

PREVIOUS PERIODS OF ACTIVITY:

NO Have you worked for this organization previously?

6. 1988/08/03 2005/09/09 UNEMPLOYMENT (INCLUDE NAME OF
PERSON WHO CAN VERIFY)

Your Position: Unemployed
Employer Name: Susan Fox
Employer Address: (b) (6), (b) (7)

Employer Phone: (b) (6) [redacted]
(b) [redacted]

NO Were you in the Federal Civil Service prior to the last 10 years?

7. People Who Know You Well

FROM	TO	REFERENCE NAME/ADDRESS
1. 1996/01/14	PRES	(b) (6), (b) (7)(C) [redacted]
(b) [redacted]	Home Address	[redacted]
	Evening Phone:	(b) (6) [redacted] (b) [redacted]
2. 1993/09/10	PRES	(b) (6), (b) (7)(C) [redacted]
	Home Address:	[redacted]
	Evening Phone	[redacted]
3. 1993/08/10	PRES	(b) (6), (b) (7)(C) [redacted]
	Home Address:	[redacted]
	Evening Phone	[redacted]

8. Your Spouse

What is your current marital status? NEVER MARRIED

9. Your Relatives and Associates

RELATIONSHIP	NAME/ADDRESS
1. MOTHER	(b) (6), (b) [redacted]

(b) (6), (b) (7)(C)

(b) (6)
DOB: (b) (6)

POB: UNITED KINGDOM
Country of Citizenship: UNITED KINGDOM

2. FATHER

(b) (6), (b) (7)(C)

DOB: (b) (6)

POB: UNITED STATES
Country of Citizenship: UNITED STATES

3. SISTER

(b) (6), (b) (7)(C)

DOB: (b) (6)

POB: UNITED STATES
Country of Citizenship: UNITED STATES

10. Citizenship of Your Relatives and Associates

RELATIONSHIP

NAME

1. MOTHER

DOB: (b) (6)

Fox

(b) (6), (b) (6)

Type: OTHER

Citz. Date:

Certificate Number:

Court:

City/State:

Comments: Mother is not a citizen of the United States but is a citizen of the UK.

11. Your Military History

NO Have you ever served in the military? (If yes, provide in chronological order your military history: begin with the most recent period and include Reserves, National Guard, Merchant Marines, and Foreign Military Service.)

12. Your Foreign Activities - Property

NO Do you have foreign property, business connections, or financial interests?

.....
13. Your Foreign Activities - Employment

NO Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

.....
14. Your Foreign Activities - Contact with Foreign Governments

NO Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

.....
15. Your Foreign Activities - Passport

NO In the past 7 years, have you had an active passport that was issued by a foreign government?

.....
16. Foreign Countries You Have Visited

YES Have you traveled outside the United States on other than official U.S. Government orders in the last 7 years? (Travel as a dependent or contractor must be listed.) Do not repeat travel covered in modules 4, 5, and 6. (Lived, worked, attended school)

FROM/COUNTRY

TO/PURPOSE

1. 2006/03/15
UNITED KINGDOM

2006/03/22
PLEASURE

2. 2001/11/01
UNITED KINGDOM

2005/09/15
OTHER

3. 2004/10/10
JAPAN

2004/10/31
PLEASURE

17. Your Military Record

NO Have you ever received other than an honorable discharge from the military?

18. Your Selective Service Record

YES Are you a male born after December 31, 1959?

YES If yes, have you registered with the Selective Service System?

Selective Service Number: (b) (6), (b)

19. Your Medical Record

NO In the last 7 years, have you consulted a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

20. Your Employment Record

NO Has any of the following happened to you in the past 7 years?

- Fired from job,
- Quit a job after being told you'd be fired,
- Left a job by mutual agreement following allegations of misconduct,
- Left a job by mutual agreement following allegations of unsatisfactory performance; or
- Left a job for other reason under unfavorable circumstances

21. Your Police Record - Felony Offenses

NO Have you ever been charged with or convicted of any felony offense? (Include those under the Uniform Code of Military Justice.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

22. Your Police Record - Firearms/Explosives Offenses

NO Have you ever been charged with or convicted of a firearms or explosives offense? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

23. Your Police Record - Pending Charges

NO Are there currently any charges pending against you for any criminal offense? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

24. Your Police Record - Alcohol/Drug Offenses

NO Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

25. Your Police Record - Military Court

NO In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (include non-judicial, Captain's

mast, etc.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

26. Your Police Record - Other Offenses

NO In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in modules 21, 22, 23, 24, or 25? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

27. Your Use of Illegal Drugs and Drug Activity-Illegal Use of Drugs

NO Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), phetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

28. Your Use of Illegal Drugs and Drug Activity-Use in Sensitive Positions

NO Have you EVER illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety?

29. Your Use of Illegal Drugs and Drug Activity - Drug Activity

NO In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

30. Your Use of Alcohol

NO In the last 7 years has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? Do not repeat information reported in EPSQ Module 19 (Section 21 from the SF86).

31. Your Investigation Record - Investigations/Clearances Granted

NO Has the United States Government ever investigated your background and/or granted you a security clearance? (If you can't recall the investigating agency and/or the security clearance received, enter (Y)es and follow instructions in the help text for the fields on the next screen. If you can't recall whether you've been investigated or cleared, enter (NO.)

32. Your Investigation Record - Clearance Actions

NO To your knowledge have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? (Note: An administrative downgrade or termination of a security clearance is not a revocation.)

33. Your Financial Record - Bankruptcy

NO In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

34. Your Financial Record - Wage Garnishments

NO In the last 7 years, have you had your wages garnished for any reason?

35. Your Financial Record - Repossessions

NO In the last 7 years, have you had any property repossessed for any reason?

36. Your Financial Record - Tax Lien

NO In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

37. Your Financial Record - Unpaid Judgements

NO In the last 7 years, have you had any judgements against you that have not been paid?

38. Your Financial Delinquencies - 180 Days

NO In the last 7 years, have you been over 180 days delinquent on any debt(s)?

39. Your Financial Delinquencies - 90 Days

NO Are you currently over 90 days delinquent on any debt(s)?

40. Public Record Civil Court Actions

NO In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

41. Your Association Record - Membership

NO Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

42. Your Association Record - Activities

NO Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

43. General Remarks

NO Do you have any additional remarks to enter in your application?

Co-Subject Report

RELATIONSHIP

NAME

1. MOTHER

POB: UNITED KINGDOM

(b) (6), (b) (7)(C)

Deceased? NO

Address: (b) (6), (b) (7)(C)

Country of Citizenship: UNITED KINGDOM

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) MANNING BRADLEY EDWARD	SOCIAL SECURITY NO OF ENLISTEE/REENLISTEE (b) (6), (b)
---	--

F. DISCHARGE FROM DELAYED ENTRY/ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States (list branch of service) ARMY for a period of 4 years and 0 weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) B

which replace(s) Annex(es) A

b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE 	c. DATE SIGNED (YYYYMMDD) 20071002
---	---------------------------------------

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

21. SERVICE REPRESENTATIVE CERTIFICATION

a. This enlistee is discharged from the Reserve Component shown in item 9 and is accepted for enlistment in the Regular Component of the United States (list branch of service) ARMY in pay grade E-1

b. NAME (Last, First, Middle) BOYCE CALVIN N	c. PAY GRADE E-8	d. UNIT/COMMAND NAME USA RECRUITING BATTALION
e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20071002	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) FT GEORGE G MEADE MD 20755-0000

H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

I, BRADLEY EDWARD MANNING, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE/REENLISTEE 	c. DATE SIGNED (YYYYMMDD) 20071002
---	---------------------------------------

23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle) THOMAS, MICHAEL D	c. PAY GRADE O-4	d. UNIT/COMMAND NAME BALTIMORE MEPS
e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20071002	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) FORT GEORGE G MEADE MD 20755-2995

(Initials of Enlistee/Reenlistee) BEM



**ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 3331, 10 U.S.C. 113, 136, 502, 504, 505, 506, 507, 508, 509, 510, 513, 515, 516, 518, 519, 572, 978, 2107, 2107a, 3253, 3259, 3262, 5540, 8252, 8253, 8257, 8258, 12102, 12103, 12104, 12105, 12106, 12107, 12108, 12301, 12302, 12304, 12305, 12405, 14 U.S.C. 351, 632; 32 U.S.C. 301, 302, 303, 304, and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary, however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) MANNING BRADLEY EDWARD		2. SOCIAL SECURITY NUMBER (b) (6), (b)	
3. HOME OF RECORD (Street, City, State, ZIP Code) (b) (6), (b) (7)(C)		4. PLACE OF ENLISTMENT/REENLISTMENT (MIL installation, City, State) AQ2 FT MEADE, MD 20755-2995	
5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD) 20070926	6. DATE OF BIRTH (YYYYMMDD) 19871217	7. PREV MIL SVC UPON ENL/REENLIST	YEARS MONTHS DAYS
		a. TOTAL ACTIVE MILITARY SERVICE	
		b. TOTAL INACTIVE MILITARY SERVICE	

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (list branch of service) ARMY RESERVE this date for 8 years and 0 weeks beginning in pay grade E-1 of which 4 years and 0 weeks is considered an Active Duty Obligation, and 4 years and 0 weeks will be served in the Reserve Component of the Service in which I have enlisted. If this is an initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight service requirement is called the Military Service Obligation. The additional details of my enlistment/reenlistment are in Section C and Annex(es) (list name of Annex(es) and describe) A

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I am joining the DEP. I understand that by joining the DEP I am enlisting in the Ready Reserve component of the United States (list branch of service) ARMY 0500 for a period not to exceed 365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in a nonpay status and that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not limited to medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I understand that the period of time while I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I WILL be ordered to active duty unless I report to the place shown in item 4 above by (list date (YYYYMMDD)) 20071002 for enlistment in the Regular component of the United States (list branch of service) ARMY for not less than 4 years and 0 weeks.

b. REMARKS: (If none so state) NONE

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**

(Initials of Enlistee/Reenlistee) BEM

(Continued on Page 2)



NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) MANNING BRADLEY EDWARD	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE (b) (6), (b)
---	--


D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I certify that I have carefully read this document, including the partial statement of existing United States laws in Section C and how they may affect this agreement. Any questions I had were explained to my satisfaction. I fully understand that only those agreements in Section B and Section C of this document or recorded on the attached annex(es) will be honored. I also understand that any other promises or guarantees made to me by anyone that are not set forth in Section B or the attached annex(es) are not effective and will not be honored.

b. SIGNATURE OF ENLISTEE/REENLISTEE 	d. DATE SIGNED (YYYYMMDD) 20070926
--	---------------------------------------

14. SERVICE REPRESENTATIVE CERTIFICATION
a. On behalf of the United States (list branch of service) ARMY
I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle) BOYCE CALVIN B	c. PAY GRADE E-8	d. UNIT/COMMAND NAME USA RECRUITING BATTALION
e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20070926	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) FT GEORGE G MEADE MD 20755-0000

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

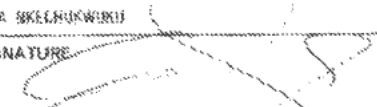
15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):
I, BRADLEY EDWARD MANNING, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):
I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):
I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) with membership in the _____ National Guard of the United States for a period of _____ years, _____ months _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18. SIGNATURE OF ENLISTEE/REENLISTEE 	d. DATE SIGNED (YYYYMMDD) 20070926
---	---------------------------------------

19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION
a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle) ERINFERA SKEELHUKWIBUJ	c. PAY GRADE O-2	d. UNIT/COMMAND NAME BALTIMORE MEPS
e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20070926	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) FORT GEORGE G MEADE MD 20755-2995

Initials of Enlistee/Reenlistee: BEM

RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES

(Read Privacy Act Statement and Instructions on back before completing this form.)

OMB No 0704-0173
OMB approval expires
Mar 31, 2010

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Executive Services Directorate (0704-0173). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

A. SERVICE PROCESSING FOR D A R	B. PRIOR SERVICE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NUMBER OF DAYS:	C. SELECTIVE SERVICE CLASSIFICATION NONE	D. SELECTIVE SERVICE REGISTRATION NO. NONE
---	--	--	--

SECTION I - PERSONAL DATA

1. SOCIAL SECURITY NUMBER (b) (6), (b) - (b) - (b)		2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.) Bradley Edward Manning; AKA Manning, Bradley Edward	
3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code) 1492 Selworthy Road, Potomac, MONTGOMERY, MD, 20854 USA		4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code) 1492 Selworthy Road, Potomac, MONTGOMERY, MD, 20854 USA	
5. CITIZENSHIP (X one) <input checked="" type="checkbox"/> a. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) <input checked="" type="checkbox"/> (1) NATIVE BORN (2) BORN ABROAD OF U.S. PARENT(S) <input type="checkbox"/> b. U.S. NATURALIZED ALIEN REGISTRATION NUMBER <input type="checkbox"/> c. U.S. NON-CITIZEN NATIONAL (If issued) <input type="checkbox"/> d. IMMIGRANT ALIEN (Specify) <input type="checkbox"/> e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)		6. SEX (X one) <input checked="" type="checkbox"/> a. MALE <input type="checkbox"/> b. FEMALE 7.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input checked="" type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> (5) WHITE 7.b. ETHNIC CATEGORY <input type="checkbox"/> (1) HISPANIC OR LATINO <input checked="" type="checkbox"/> (2) NOT HISPANIC OR LATINO	
10. DATE OF BIRTH (YYYYMMDD) 1 9 8 7 1 2 1 7		11. RELIGIOUS PREFERENCE (Optional) ROMAN CTHOLC	
12. EDUCATION (Yrs/Highest Ed Gr Completed) 12 / L		13. PROFICIENT IN FOREIGN LANGUAGE (If Yes, specify If No, enter NONE) NONE	
14. VALID DRIVER'S LICENSE (X one) (If Yes, list State, number, and expiration date) MD (b) (6), 2009/02/15		15. PLACE OF BIRTH (City, State and Country) Oklahoma City, OK USA	
8. MARITAL STATUS (Specify) NEVER MARRIED		9. NUMBER OF DEPENDENTS 0	

SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES

(FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - Go on to Page 2, Question 20.)

16. APTITUDE TEST RESULTS																													
a. TEST ID	b. TEST SCORES	AFQT PERCENTILE	GS	AR	WK	PC	MK	EI	AS	MC	AO	VE																	
0 2 E	2007/08/30	8 9 6 9	8 9	6 9	6 2	6 2	5 3	6 3	7 0	4 8	6 6	5 2	5 9																
17. DEP ENLISTMENT DATA																													
a. DATE OF ENLISTMENT - DEP (YYYYMMDD)	b. PROJ ACTIVE DUTY DATE (YYYYMMDD)	c. ES	d. RECRUITER IDENTIFICATION	e. STN ID	f. PEF																								
2 0 0 7 1 0 9 2 6	2 0 0 7 1 0 0 2	3	1 1 B 1 A 9 9 6 8 1 B 1 A	C A C T B																									
g. T-E MOS/AFS	h. WAIVER (1)	(2)	(3)	(4)	(5)	(6)	i. PAY GRADE	j. SVC ANNEX CODES	k. MSO (YYYY)	l. AD OBLIGATION (YYYY)																			
3 5 F 1	Y Y Y						E 0 1 A		0 8 0 0	0 4 0 0																			
18. ACCESSION DATA																													
a. DATE OF ENLISTMENT (YYYYMMDD)	b. ACTIVE DUTY SERVICE DATE (YYYYMMDD)	c. PAY ENTRY DATE (YYYYMMDD)	d. MSO (YYYY)	e. AD/RC OBLIGATION (YYYYMMDD)																									
2 0 0 7 1 0 0 2	2 0 0 7 1 0 0 2	2 0 0 7 1 0 0 2	0 8 0 0	0 4 0 0																									
f. WAIVER (1)	(2)	(3)	(4)	(5)	(6)	g. PAY GRADE	h. DATE OF GRADE (YYYYMMDD)	i. ES	j. YRS/HIGHEST ED GR COMPL																				
Y Y Y						E 0 1	2 0 0 7 1 0 1 7	1	1 2 L																				
k. RECRUITER IDENTIFICATION	i. STN ID	m. PEF	n. T-E MOS/AFS	o. PMOS/AFS	p. YOUTH	q. OA	r. STATE GUARD																						
1 1 B 1 A 9 9 6 8 1 B 1 A	C A C T B		3 5 F 1 0	3 5 F 1 0	Y Y 0	N Y																							
s. SVC ANNEX CODES	t. REPLACES ANNEXES	u. TRANSFER TO (UIC)																											
B	A	W 0 V L 3 K																											
19. SERVICE REQUIRED CODES																													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25					
P	V	1	1	0		T	D	B	H	F	V	0	0	A	0	0	1	B	1	A									
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50					
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Sections 504, 505, 508, 12102; Title 14 USC Sections 351 and 632; Title 50 USC Appendix 451; and EO 9397 (SSAN).

PRINCIPAL PURPOSE(S): DD Form 1966 is the basic form used by all the Military Services and the Coast Guard for obtaining data used in determining eligibility of applicants and for establishing records for those applicants who are accepted.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to answer all questions on this form, except questions labeled as "Optional," may result in denial of your enlistment application.

WARNING

Information provided by you on this form is **FOR OFFICIAL USE ONLY** and will be maintained and used in strict compliance with Federal laws and regulations. The information provided by you becomes the property of the United States Government, and it may be consulted throughout your military service career, particularly whenever either favorable or adverse administrative or disciplinary actions related to you are involved.




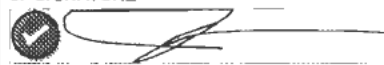


YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF MAKING A KNOWING AND WILLFUL FALSE STATEMENT ON THIS DOCUMENT.

INSTRUCTIONS

(Read carefully BEFORE filling out this form.)

1. Read Privacy Act Statement above before completing form.
2. Type or print LEGIBLY all answers. If the answer is "None" or "Not Applicable," so state. "Optional" questions may be left blank.
3. Unless otherwise specified, write all dates as 8 digits (with no spaces or marks) in YYYYMMDD fashion. June 1, 2005 is written 20050601.

20. NAME (Last, First, Middle Initial) Bradley Edward Manning				21. SOCIAL SECURITY NUMBER (b) (6), (b)		
SECTION III - OTHER PERSONAL DATA						
22. EDUCATION						
a List all high schools and colleges attended (List dates in YYYYMM format)					(5) GRADUATE	
(1) FROM	(2) TO	(3) NAME OF SCHOOL	(4) LOCATION	YES	NO	
200109	200506	Tasker Milward VC	Portfield Ave Haverford Wales, U KINGDOM	X		
200701	200705	MONTGOMERY COLLEGE OF ROCKVILLE	51 Mannakee St Rockville, MD		X	
b Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol?				YES	NO	
					X	
23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA						
<i>(If "Yes," explain in Section VI, "Remarks ")</i>						
a Is anyone dependent upon you for support?					X	
b Is there any court order or judgment in effect that directs you to provide alimony or support for children?					X	
c Do you have an <u>immediate relative</u> (father, mother, brother, or sister) who (1) is now a prisoner of war or is missing in action (MIA), or (2) died or became 100% permanently disabled while serving in the Armed Services?					X	
d Are you the only living child in your immediate family?					X	
24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT						
<i>(If "Yes," explain in Section VI, "Remarks ")</i>						
a Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?					X	
b Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?					X	
c Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?					X	
d Have you ever been employed by the United States Government?					X	
e Are you now drawing, or do you have an application pending, or approval for retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?					X	
25. ABILITY TO PERFORM MILITARY DUTIES						
<i>(If "Yes," explain in Section VI, "Remarks ")</i>						
a Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)					X	
b Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?					X	
c Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i e , do you have any personal restrictions or religious practices which would restrict your availability)?					X	
26. DRUG USE AND ABUSE <i>(If "Yes," explain in Section VI, "Remarks ")</i>						
Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licenced physician?						
					X	

27. NAME (Last, First, Middle Initial) Bradley Edward Manning		28. SOCIAL SECURITY NUMBER (b) (6), (b)	
SECTION IV - CERTIFICATION			
29. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter)			
a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document; that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.			
b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Bradley Edward Manning		c. SIGNATURE 	d. DATE SIGNED (YYYYMMDD) 20070926
30. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items)			
a. NAME (X one)	b. AGE (X one)	c. CITIZENSHIP (X one)	
X (1) BIRTH CERTIFICATE	X (1) BIRTH CERTIFICATE	X (1) BIRTH CERTIFICATE	
(2) OTHER (Explain)	(2) OTHER (Explain)	(2) OTHER (Explain)	
d. SOCIAL SECURITY NUMBER (SSN) (X one)	e. EDUCATION (X one)	f. OTHER DOCUMENTS USED	
X (1) SSN CARD	X (1) DIPLOMA		
(2) OTHER (Explain)	(2) OTHER (Explain)		
31. CERTIFICATION OF WITNESS			
a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.			
b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Jones, Mark A	c. PAY GRADE	d. RECRUITER I.D. 1BA024794	e. SIGNATURE 
			f. DATE SIGNED (YYYYMMDD) 20070926
32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES			
a. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.) (Use clear text English.) IAW AR601-210, Chapter 9, table 9-1 Program 9A United States ARMY Training Enlistment Program, , Req. OPT 03AND 9C United States ARMY Incentive Enlistment Program Req. OPT 174, 270, MOS 35F1000YY 4 years 0 weeks UNCM			
b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 32 a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4)			c. APPLICANT'S INITIALS 
33. CERTIFICATION OF RECRUITER OR ACCEPTOR			
a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) <u>Army</u> and certify that I have not made any promises or guarantees other than those listed in Item 32 a. above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.			
b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Jones, Mark A	c. PAY GRADE	d. RECRUITER ID OR ORGANIZATION 1BA024794	e. SIGNATURE 
			f. DATE SIGNED (YYYYMMDD) 20070926
SECTION V - RECERTIFICATION			
34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY			
a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below.			
b. ITEM NUMBER	c. CHANGE REQUIRED		
2	NAME changed from Bradley Edward Manning; AKA Manning, Bradley Edward to Bradley Edward Manning; Manning, Bradley Edward		
d. APPLICANT	(2) DATE SIGNED (YYYYMMDD)	e. WITNESS	(2) RANK/ GRADE
(1) SIGNATURE 	20071002	(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) Jones, Mark A	(3) SIGNATURE 

35. NAME (Last, First, Middle Initial)

Bradley Edward Manning

36. SOCIAL SECURITY NUMBER

(b) (6), (b)

SECTION VI - REMARKS

(Specify item(s) being continued by item number. Continue on separate pages if necessary.)

26. Have you ever used marijuana? N

Statement Remarks:

per conversation with Mr. Driver this is a good education evaluation, and that is one of DOD recommended evaluation services.

DD FORM 1966/5 YES
ATTACHED? (X one) NO

SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS

37. NAME CHANGE.

If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following

a. NAME AS SHOWN ON BIRTH CERTIFICATE

Bradley Edward Manning

b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD

Bradley Edward Manning

c. I hereby state that I have not changed my name through any court or other legal procedure, that I prefer to use the name of Bradley Edward Manning by which I am known in the community as a matter of convenience

and with no criminal intent I further state that I am the same person as the person whose name is shown in Item 2

d. APPLICANT

(1) SIGNATURE



(2) DATE SIGNED (YYYYMMDD)

e. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

BOYLE, MICHAEL L

(2) PAY GRADE

E05

(3) SIGNATURE



38. NAME (Last, First, Middle Initial)

Bradley Edward Manning

39. SOCIAL SECURITY NUMBER

(b) (6), (b)

USE THIS DD FORM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING.

SECTION VIII - PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT

40. PARENT/GUARDIAN STATEMENT(S) (Line out portions not applicable)

a. I/we certify that (Enter name of applicant) Bradley Edward Manning

has no other legal guardian other than me/us and I/we consent to his/her enlistment in the United States
(Enter Branch of Service)

REGULAR ARMY

I/we acknowledge/understand that he/she may be required upon order to serve in combat or other hazardous situations. I/we certify that no promises of any kind have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment as an inducement to me/us to sign this consent. I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct records checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service. I/we authorize him/her to be transported unsupervised to/from the Military Entrance Processing Station via public conveyance and to stay unsupervised at a government contracted hotel facility.

b. FOR ENLISTMENT IN A RESERVE COMPONENT.

I/we understand that, as a member of a reserve component, he/she must serve minimum periods of active duty for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her reserve enlistment, he/she may be recalled to active duty as prescribed by law. I/we further understand that while he/she is in the ready reserve, he/she may be ordered to extended active duty in time of war or national emergency declared by the Congress or the President or when otherwise authorized by law, and may be required upon order to serve in combat or other hazardous situations.

c. PARENT

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

(2) SIGNATURE

(3) DATE SIGNED

(YYYYMMDD)

d. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

(2) SIGNATURE

(3) DATE SIGNED

(YYYYMMDD)

e. PARENT

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

(2) SIGNATURE

(3) DATE SIGNED

(YYYYMMDD)

f. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

(2) SIGNATURE

(3) DATE SIGNED

(YYYYMMDD)

41. VERIFICATION OF SINGLE SIGNATURE CONSENT

42. NAME (Last, First, Middle Initial)

Bradley Edward Manning

43. SOCIAL SECURITY NUMBER

(b) (6), (b)

SECTION VI - REMARKS CONTINUATION

(Specify item(s) being continued by item number. Continue on separate pages if necessary.)

**STATEMENT FOR ENLISTMENT
UNITED STATES ARMY ENLISTMENT PROGRAM
U.S. ARMY DELAYED ENLISTMENT PROGRAM**
For use of this form, see AR 601-210: the proponent agency is ODCSPER
(For instructions using this form see USAREC Reg 601-96)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 275 Executive Order 9397.

PRINCIPAL PURPOSE: Basic form used to record contractual obligations to enlistees. Guarantees and annexes enlistment contract.

ROUTINE USES: This form becomes a part of the Enlisted Master File and Field Personnel File. All uses of this form are internal to the United States Army.

DISCLOSURE: Disclosure of the Social Security Number: (SSN) and other personal information is voluntary. However failure to provide the required information may result in denial of enlistment or reenlistment.

1. ACKNOWLEDGMENT: In connection with my enlistment in the Regular Army, I hereby acknowledge that:

- a. My enlistment in the U. S. Army Reserve obligates me to a total of 8 years service in the U. S. Armed Forces, including service in the Reserve components, unless sooner discharged by proper authority. Fulfillment of this obligation begins on the date I enlist in the Delayed Entry Program.
 - b. I will be assigned to the U. S. Army Reserve Control Group (Delayed Entry). During which time I will be in a non-pay status and will not be authorized to participate in any Reserve training.
 - c. I volunteer to serve on active duty for two years in any job assignment specified by the Army. Such period to begin within 5 days unless I enlist into the Regular Army, or I am granted further delay by proper authority.
 - d. In lieu of performing the active duty specified above, I may enlist into the Regular Army for a period of 4 Years 00 weeks.
2. Upon enlistment into the Regular Army, I will be enlisted under the provisions of Army Regulation 601-210. Program or programs as indicated below:

<u>PROGRAM</u>	<u>TITLE</u>	<u>REQUEST OPTION</u>
9A	United States ARMY Training Enlistment Program(UNCM)	03
9C	United States ARMY Incentive Enlistment Program(US ARMY CASH BONUS, 4 YR ENL., US ARMY SEASONAL BONUS (HIGH PRIORITY SEAT), I-III)	174, 270

School course, I have been assured of attending the School course for:

MOS: 35F Intelligence Analyst

Skill Level: 1

SQI: 0 NO SPECIAL QUALIFICATIONS

ASI: 00 DEFAULT CODE

Language: YY NONE

- a. In the event, through no fault of my own, that my enlistment, program school course, or training of my choice is cancelled or otherwise not available before I enlist into the Regular Army. I will elect one of the following alternatives:
- (1) I will elect another program, School Course, or training of my choice for which I am qualified and a vacancy exists.
 - (2) I will be separated from the Delayed Entry Program.
3. The date of my enlistment into the Regular Army is scheduled for 02 Oct 2007 .
- a. In the event that I willfully fail to report for active duty as specified in above and on my DD Form 4 enlistment Contract. I understand that I will be in an Absent With out Leave Status (AWOL) and subject to apprehension and charged with article 86 (deserter) of the Uniform Code of Military Justice.
- b. I have provided complete, detailed, and accurate background information in regards to my controlled drug and alcohol use, financial, moral, and physical history. This information will be used to determine my eligibility for the necessary security clearance if required by an MOS, option, or duty assignment in connection with my enlistment. I understand that if it is determined that I have knowingly failed to reveal information at the time of my enlistment, or I have significant derogatory information, which results in my inability to receive an interim or final security clearance within 120 days from the submission date of my request for a clearance. I may be reclassified based on the needs of the Army or processed for discharge.
- c. I certify that I have read or have viewed the Job Description for the MOS I am enlisting for and further acknowledge that I understand the general nature of the training I will receive.
- d. I understand the course I have selected requires me to present proof in the form of a transcript or letter from school officials showing I have completed a course or courses of instruction in General Science.
- e. I understand my acceptance for the enlistment option (s) specified in my contract is contingent upon the results of a thorough security screening if found unacceptable, I will be allowed to choose another option for which I am qualified or request separation.
- f. I also acknowledge that I am qualified and enlisting for an MOS or CMF that has a Cash Bonus, that the bonus amount authorized on my enlistment into the Regular Army will be the amount authorized upon my entry into the Delayed entry Program. Further I understand that the Bonus for my CMF or MOS on this date is \$24000 authorized by HQDA, DAPF-MPA, Enlisted Incentive Program Effective 20 Sep 2007 and will be paid in accordance with DA instruction.
- g. I have provided my recruiter or and Guidance Counselor all information required on my application for enlistment. I certify that I have read and fully understand the contents of this form and that no one has told me to conceal any information. I further state that all of the documents such as my birth certificate, high school or college transcripts, diplomas, social security card, or other documents in my enlistment or appointment packet are mine and were not falsified. It is prohibited to have anyone assist me in taking the Armed Services Vocational Aptitude Battery (ASVAB). I certify that no one has given me any answers to the test questions and that the scores I achieved were through my own efforts and I received no assistance taking the ASVAB.
- (1) I am aware that I must reveal all criminal offenses, cases, and arrests to include juvenile and those charges that have been expunged, dismissed, set aside, or not prosecuted. I must reveal all responsibilities I have with respect to children or spouse. I must reveal all prior military service.

- (2) I have not concealed any medical information and I further state that If anyone has told me to conceal, omit from my application, or falsify any information I must report any misconduct on anyone's part that is involved with my recruiting process immediately to the recruiting battalion executive officer.
- (3) That no person has advised me to conceal any information with respect to my enlistment.
4. I understand that in the event the Secretary of the Army determines for military necessity of national interest members be available for immediate assignment/reassignment any guarantees contained in this agreement may be terminated. Under these conditions I may be assigned or reassigned according to the needs of the Army.
5. Pre-Basic Combat Training (BCT) Physical Training (PT) Program
- a. I understand and acknowledge that all recruits reporting for Active Duty/Active Duty for Training will be required to meet a physical assessment standard in order to enter on active duty. At a minimum, I must be able to demonstrate my ability to successfully perform 13 pushups for males, 3 pushups for females, 17 sit-up for males and females and a one mile run in 8:30 minutes for males and 10:30 minutes for females. In addition, Prior Service applicants not requiring basic training will be required to successfully achieve a minimum of 60 points in each event on the Army Physical Fitness Test (APFT).
- b. Based upon my initial assessment, my recruiter will enroll me in a self-paced Pre-Basic Combat Training (BCT) Physical Training (PT) Program. I understand and acknowledge that as a member of the Army or Army Reserves, my participation in the PT program is voluntary; however, I will be required to meet a physical assessment standard in order for me to enter on active duty. Failure to meet these standards will prevent me from shipping.

6. ARMY KNOWLEDGE ONLINE:

- a. You must register for an AKO email account prior to your Initial Orientation with your recruiter which will occur 1-10 days from today's date. You must register for your account at: <http://www.futuresoldiers.com/html/registration.jsp>. You are required to enter your Social Security Number, Date of Birth and Pay Entry Basic Date. Your Pay Entry Basic Date is: **02 Oct 2007** ..

7. SURE PAY:

- a. As part of my enlistment contract, I hereby acknowledge and agree that I have the duty and responsibility, to establish and maintain an account with a United States financial institution such as a bank, savings and loan, or credit union for the direct deposit/receipt of my Army net pay and allowances. I will have in my possession a completed direct deposit form from a financial institution, an ATM Card and or checks prior to shipping to access funds during training.
- b. I understand that prior to reporting on Active Duty, I am required to establish an account with the U. S. financial institution for direct deposit/receipt of my Army net pay and allowances, and execute the appropriate forms prior to or immediately to ensure my Army net pay and allowances are deposited directly into my account. I understand I may freely choose or change U. S. financial institutions to satisfy this requirement. I understand that I will continue to have the duty and responsibility to maintain such an account for direct deposit/receipt of my Army net pay allowances so long as I remain in service, unless I receive a specific exemption from this requirement from the Army. I understand that failure to establish and maintain an account as described above, in the absence of a specific exemption, may subject me to administrative action and/or disciplinary action under the Uniform Code of Military Justice or state military code.

8. ALCOHOL AND DRUG ABUSE:

- a. I understand that the Army's policy on alcohol and drug abuse is that the Army must prevent alcohol and drug abuse in order to perform its mission to defend the United States, to ensure its combat readiness, and to protect the health and welfare of its soldiers. I understand that service in the United States Army places me in a position of special trust and responsibility. Any drug abuse by soldiers of the United States Army is against the law, violates Army standards of behavior and duty performance, and will not be tolerated. Alcohol abuse involving criminal acts or conduct detrimental to the Army or good order and discipline will also not be tolerated. The illegal use of narcotics, or prescription drugs, or any use of marijuana or

other illegal substances by soldiers can lead to criminal prosecution and/or discharge under other than honorable conditions. If I am identified for either alcohol or drug abuse, including the use or possession of marijuana, appropriate disciplinary and/or administrative action may be taken against me. This may include trial by court-martial or administrative separation from the Army.

- b. I understand that certain Military Occupational Specialties (MOS) in the Army cannot be performed by persons who have used marijuana or other drugs. If it is established that I have used drugs or marijuana and that usage disqualifies me for the MOS for which I entered the ARMY or have been awarded, I may be reclassified into another MOS based on the needs of the Army.

9. RELIGIOUS PRACTICE ACCOMMODATION:

- a. I understand the Department of the Army's policy on accommodation of religious practices is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety, or discipline. The Army places a high value on the rights of its soldiers to observe the tenants of their respective religions. Unit commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need. Policy guidelines are contained in AR 600-20 and AR 165-1 which my guidance counselor has available for me to read. I understand that the Army cannot guarantee accommodation of religious practices.
- b. I further state that I have been given the opportunity to read or I have read the policy in AR 600-20 and AR 165-1.

10. FITNESS TRAINING UNIT:

- a. I understand that all recruits reporting for Basic Combat Training (BCT) and One Station Unit Training (OSUT) will be assessed on their physical fitness during processing at the Reception Battalion.
- b. The new soldiers not meeting the minimum standards listed below will enter the Fitness Training Unit. Those who meet or exceed the standards will proceed on to BCT/OSUT. The minimum standards are:

Push-up:	13 repetitions
Sit-up:	17 repetitions
1 Mile Run:	8 min 30 sec.

11. SEXUAL HARASSMENT:

- a. The U.S. Army will not condone any person who violates the rights of; or discriminates against; any person because of their gender. Further, I understand that:
- (1) Sexual harassment is a form of gender discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career;
 - (2) Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive environment.
 - (3) Any soldier or civilian employee in a supervisory or command position who uses or condones implicit or explicit sexual behavior to control, influence, or affect the career, pay, or job of another soldier or civilian employee is engaging in sexual harassment. Who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature is engaging in sexual harassment. Sexual harassment is not limited to the workplace, can occur at almost

any place, and violates acceptable standards of integrity and impartiality required of all Army personnel. It interferes with mission accomplishment and unit cohesion. Such behavior by soldiers or Army civilians will not be tolerated.

- (4) I fully acknowledge that I have the duty and responsibility to report immediately any violation of the above stated policy. In addition, I acknowledge that I am aware of the Army policy stated above and any violation could be grounds for adverse action or criminal charges under the Uniform Code of Military Justice. If a violation of the above policy occurs while I am a member of the Delayed Entry/Training Program, I may contact the U.S. Army Recruiting Battalion Executive Officer or Commander at (301) 677-7001.

- b. The U.S. Army has zero tolerance for conduct or behavior that violates the policy stated above.
- c. The Army policy stated above may be found in Army Regulation 600-20, Army Command Policy.

12. PARTICIPATION IN EXTREMIST ORGANIZATIONS OR ACTIVITIES:

- a. I have been advised that participation in extremist organizations or activities is inconsistent with the treatment for all soldiers without regard to race, color, religion, sex, or national origin. Enforcement of responsibilities of military service. It is the policy of the U.S. Army to provide equal opportunity and the Army's equal opportunity policy is a responsibility of command, is vitally important to unit cohesion and morale, and is essential to the Army's ability to accomplish its mission. It is the commander's responsibility to maintain good order and discipline in the unit. Every commander has the inherent authority to take appropriate actions to accomplish this goal. This paragraph identifies prohibited actions by soldiers involving extremist organizations or activities, discusses the authority of the commander to establish other prohibitions, and establishes that violation of the prohibitions contained in this paragraph or those established by a commander may result in prosecution under various provisions of the Uniform Code of Military Justice (UCMJ).

- (1) Participation. Military personnel must reject participation in extremist organizations and activities. Extremist organizations and activities are ones that advocate racial, gender, or ethnic hatred or intolerance; advocate, create, or engage in illegal discrimination based on race, color, sex, religion, or national origin; advocate the use of or use force or violence or unlawful means to deprive individuals of their rights under the United States Constitution or the laws of the United States or any State; or advocate or seek to overthrow the Government of the United States, or any State by unlawful means.
- (2) Prohibitions. Soldiers are prohibited from the following actions in support of extremist organizations or activities. Penalties for violation of these prohibitions include the full range of statutory and regulatory sanctions, both criminal (UCMJ) and administrative.
- (3) Participating in a public demonstration or rally.
- (4) Attending a meeting or activity with knowledge that the meeting or activity involves an extremist cause when on duty, when in uniform, when in a foreign country (whether on- or off-duty or in uniform), when it constitutes a breach of law and order, when violence is likely to result, or when in violation of off-limits sanctions or a commander's order;
- (5) Fund-raising:
- (6) Recruiting or training members (including encouraging other soldiers to join);
- (7) Creating, organizing, or taking a visible leadership role in such an organization or activity; or
- (8) Distributing literature on or off a military installation the primary purpose and content of which concerns advocacy or support of extremist causes, organizations, or activities and it appears that the literature presents a clear danger to the loyalty, discipline, or morale of military personnel, or if the distribution would materially interfere with the accomplishment of a military mission.

- b. I acknowledge that I have read and fully understand the Army's policy regarding a soldier's participation in extremist

organizations or activities. If I request, a complete copy of AR 600-20, paragraph 4-12, will be provided to me.

13. UNIFORM AND APPEARANCE:

a. I acknowledge that I have been informed of the U.S. Army uniform and appearance policy. I understand that:

(1) AR 670-1 (Wear and Appearance of Army Uniforms and Insignia) contains personal appearance policies which I will be required to comply with. Soldiers are expected to maintain good daily hygiene and wear their uniform so as not to detract from an overall military appearance.

(2) I have been informed that provisions of AR 670-1 as it applies to personal appearance include specific policy with regard to body markings.

(3) The current policy is as follows:

(a.) Any person with a tattoo on the head, neck, scalp, or face will not be accepted. Furthermore, regardless of a tattoo's location, any tattoo deemed offensive, racist, profane, and/or linked to a criminal activity or extremist group may be denied enlistment.

(b.) TATTOOING in areas of the body (i.e., face, legs, hands, fingers, etc.,) that would cause the tattoo to be exposed in a Class A Uniform would detract from a soldierly appearance.

(c.) Any person who is not in compliance with AR 670-1 as it applies to tattoos will not be accepted for enlistment in the U.S. Army.

b. I have been advised that while a member of the U.S. Army, to include the Delayed Entry Program, I may not violate the above policy. I will refrain from obtaining any body markings or I may be denied entry for violation of the above expressed policy.

e. I hereby state that I have revealed the existence of all tattoos during my medical examination. I have further revealed to my recruiter, or guidance counselor that I have markings (tattoos).

I DO NOT HAVE ANY TATTOOS.

AUTHENTICATION

14. I have read and understand the statements above and that these statements are intended to constitute ALL promises and guarantees whatsoever concerning my enlistment. No other (verbal or otherwise) promise or representation not annexed to my enlistment contract is valid or will be honored. I hereby state that I have NOT been promised anything other than what is written on this form and hereby waive any claim based upon any promise or representation not annexed to my contract. I further state that I have provided my recruiter and guidance counselor all information concerning my qualifications and that no official in the U.S. Army or any other agency has advised me to conceal, nor have I concealed information in connection with my enlistment.

TYPED NAME AND SSN OF
APPLICANT

SIGNATURE OF APPLICANT

DATE

Bradley Edward Manning

(b) (6), (b)



20070926

NAME: Manning, Bradley Edward

SSN: (b) (6), (b)

TYPED NAME AND GRADE OF
COUNSELOR

SIGNATURE OF WITNESSING OFFICIAL DATE

Mr Mark A Jones



20070926

**STATEMENT FOR ENLISTMENT
UNITED STATES ARMY ENLISTMENT PROGRAM**
For use of this form, see AR 601-210: the proponent agency is ODCSPER
(For instructions using this form see USAREC Reg 601-96)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 275 Executive Order 9397.

PRINCIPAL PURPOSE: Basic form used to record contractual obligations to enlistees. Guarantees and annexes enlistment contract.

ROUTINE USES: This form becomes a part of the Enlisted Master File and Field Personnel File. All uses of this form are internal to the United States Army.

DISCLOSURE: Disclosure of the Social Security Number: (SSN) and other personal information is voluntary. However failure to provide the required information may result in denial of enlistment or reenlistment.

I. ACKNOWLEDGMENT: In connection with my enlistment in the Regular Army, I hereby acknowledge that:

a. I am enlisting for the following program (s):

<u>PROGRAM</u>	<u>TITLE</u>	<u>REQUEST OPTION</u>
9A	United States ARMY Training Enlistment Program(UNCM)	03
9C	United States ARMY Incentive Enlistment Program(US ARMY CASH BONUS, 4 YR ENL., US ARMY SEASONAL BONUS (HIGH PRIORITY SEAT), I-III A)	174, 270

b. My enlistment for this program assures me that, provided I meet required prerequisites, I will receive training in the following Military Occupational Specialty (MOS) or Career Management Field (CMF)

MOS: 35F Intelligence Analyst

Skill Level: 1

SQI: 0 NO SPECIAL QUALIFICATIONS

ASI: 00 DEFAULT CODE

Language: YY NONE

c. I understand that the assignment location for which I have enlisted is subject to change if either my spouse or dependent child (ren) are enrolled in the Exceptional Family Member Program (EFMP) for medical reasons, meaning that one or more of my family members require medical treatment that may not be available at all military medical treatment facilities (MTF). I further understand that if my original assignment option is changed due to that installation's MTF not being able to provide the proper care for my family member(s), I will be assigned to another installation where proper medical care is available, based on the Army's need for a Soldier of my military occupational specialty and rank at that installation. I understand that if I have not enlisted for a guaranteed assignment and either my spouse or dependent child(ren) are enrolled in the EFMP, my

future assignment(s) will be determined based on availability of proper medical care for my family member(s) and the needs of the Army.

- d. I understand the course I have selected requires me to present proof in the form of a transcript or letter from school officials showing I have completed a course or courses of instruction in General Science.
- e. I understand my acceptance for the enlistment option (s) specified in my contract is contingent upon the results of a thorough security screening if found unacceptable, I will be allowed to choose another option for which I am qualified or request separation.
- f. I certify that I have read or have viewed the Job Description for the MOS I am enlisting for and further acknowledge that I understand the general nature of the training I will receive.
- g. I understand that I must satisfactorily complete basic combat training in order to receive the training indicated above. Further, I understand that if I should be relieved from training for academic deficiency, disciplinary reasons, failure to receive any required security clearance because of information withheld by me or any misconduct, I will be trained in accordance with the needs of the Army and required to complete the term of my enlistment.
- h. I further state and understand that I have been given no guarantee of assignment nor have I been assured that I will or will not be assigned to an overseas location. I understand that upon successful completion of my training I will be assigned in accordance with the needs of the Army and no guarantee of a specific job has been made.
- i. My term of enlistment in the Regular Army is 4 Years 00 weeks.

2. ASSOCIATED OPTIONS: In connection with my enlistment into the Regular Army, I hereby acknowledge and understand

- a. The incentive above is the U. S. ARMY CASH BONUS, I understand that the BONUS AMOUNT IS \$24000 authorized by IIQDA, DAPE-MPA, Enlisted Incentive Program Effective 20 Sep 2007 and will be paid in accordance with DA instruction.
- b. The following is used for finance and accounting purposes, Soldier, please retain this document in a safe place: Fund cite: 21 6 2010 0000 6 01-1100 2G2010 1199 PAID P522 S12120.
- c. I certify that I have read viewed and understand the Information for applicants Table 9-1 of AR 601-210 for the enlistment Programs I am enlisting for.

3. APPLICABLE TO ALL APPLICANTS ENLISTING UNDER THIS PROGRAM:

- a. I have provided complete, detailed, and accurate background information in regards to my controlled drug and alcohol use, financial, moral, and physical history. This information will be used to determine my eligibility for the necessary security clearance if required by an MOS, option, or duty assignment in connection with my enlistment. I understand that if it is determined that I have knowingly failed to reveal information at the time of my enlistment, or I have significant derogatory information, which results in my inability to receive an interim or final security clearance within 120 days from the submission date of my request for a clearance, I may be reclassified based on the needs of the Army or processed for discharge.
- b. I understand that if my enlistment contract cannot be fulfilled through no fault of my own, the alternatives available to me will be provided in Army Regulation 635-200. I understand that I will have a period of thirty days from the time I am notified, become aware or reasonably should have become aware that my selected training (above) cannot become fulfilled, to elect an alternative training program for which I am qualified and a vacancy exists, or request a separation. This thirty day period may be extended by the general courts martial convening authority when necessary to determine the availability of my selected alternative. If I make no election within the thirty day period, my claim will be deemed to have been waived. I understand that if I have enlisted for training in a military occupational specialty (MOS) under the variable enlistment length (VEL) option. I understand I am required to complete all training and term of service (TOS) associated with the MOS. If MOS or training length changes, I will be required to meet the minimum years of service obligation associated with the MOS upon

completion of training.

- c. If I fail, through my own fault, to meet any of these established prerequisites for the Nuclear Security Programs or the required security clearances or fail to meet or maintain required medical, physical, professional, or other suitability standards for training or retention in accordance with my enlistment contract, I will be trained and assigned in accordance with the needs of the Army and required to complete my term of enlistment. I further acknowledge that if I become disqualified for this enlistment program because of personal conduct, withholding of information that I have within my knowledge that precludes access to special intelligence information, I will be retrained and required to complete my term of enlistment in accordance with the needs of the Army.

4. STATEMENT AND CONDITIONS which apply to ALL incentive programs above:

- a. I further acknowledge and understand that my incentive is subject to the following conditions:
- (1) Should I fail to satisfactorily complete the Advanced Individual Training or One Station Unit Training, I will be trained in another MOS or CMF and required to complete my term of enlistment based upon the needs of the Army, forfeiting any entitlement of the Cash Bonus, I.R.P. or Army College Fund
 - (2) I will lose entitlement to the incentive above if I fail to successfully complete training (*including academic failure*) and awarded the MOS I have enlisted for.
 - (3) I must stay qualified in my incentive MOS for the duration of my initial enlistment, unless otherwise directed by Headquarters, Department of the Army. Change of MOS due to normal career progression is authorized.
 - (4) If I fail to complete my term of enlistment and separation or discharge **was** at the convenience of the government, I must have completed at least 20 months if my initial term was less than 3 years and at least 30 months if 3 or more years. This applies to the MGIB and the ACF only.
 - (5) If I receive a commission in the Armed Forces either by graduating from the U. S. Military, **Naval**, Air Force, or Coast Guard Academy, or by completing a program of educational assistance under the Reserve Officer Training Corps (ROTC) Scholarship program, I will lose my eligibility for the MGIB and the ACF.
, Air Force, or Coast Guard Academy, or by completing a program of educational assistance under the Reserve Officer Training Corps (ROTC) Scholarship program, I will lose my eligibility for the MGIB and the ACF.

5. ARMY KNOWLEDGE ONLINE:

- a. You must register for an AKO email account prior to your Initial Orientation with your recruiter which will occur 1-10 days from today's date. You must register for your account at: <http://www.futuresoldiers.com/html/registration.jsp>. You are required to enter your Social Security Number, Date of Birth and Pay Entry Basic Date. Your Pay Entry Basic Date is: **02 Oct 2007**.

6. SURE PAY:

- a. As part of my enlistment contract, I hereby acknowledge and agree that I have the duty and responsibility, to establish and maintain an account with a United States financial institution such as a bank, savings and loan, or credit union for the direct deposit/receipt of my Army net pay and allowances. I will have in my possession a completed direct deposit form from a financial institution, an ATM Card and or checks prior to shipping to access funds during training.
- b. I understand that prior to reporting on Active Duty, I am required to establish an account with the U. S. financial institution for direct deposit/receipt of my Army net pay and allowances, and execute the appropriate forms prior to or immediately to ensure my Army net pay and allowances are deposited directly into my account. I understand I may freely choose or change U. S. financial institutions to satisfy this requirement. I understand that I will continue to have the duty and responsibility to maintain such an account for direct deposit/receipt of my Army net pay allowances so long as I remain in service, unless I receive a specific exemption from this requirement from the Army. I understand that failure to establish and maintain an

account as described above, in the absence of a specific exemption, may subject me to administrative action and/or disciplinary action under the Uniform Code of Military Justice or state military code.

7. ALCOHOL AND DRUG ABUSE:

- a. I understand that the Army's policy on alcohol and drug abuse is that the Army must prevent alcohol and drug abuse in order to perform its mission to defend the United States, to ensure its combat readiness, and to protect the health and welfare of its soldiers. I understand that service in the United States Army places me in a position of special trust and responsibility. Any drug abuse by soldiers of the United States Army is against the law, violates Army standards of behavior and duty performance, and will not be tolerated. Alcohol abuse involving criminal acts or conduct detrimental to the Army or good order and discipline will also not be tolerated. The illegal use of narcotics, or prescription drugs, or any use of marijuana or other illegal substances by soldiers can lead to criminal prosecution and/or discharge under other than honorable conditions. If I am identified for either alcohol or drug abuse, including the use or possession of marijuana, appropriate disciplinary and/or administrative action may be taken against me. This may include trial by court-martial or administrative separation from the Army.
- b. I understand that certain Military Occupational Specialties (MOS) in the Army cannot be performed by persons who have used marijuana or other drugs. If it is established that I have used drugs or marijuana and that usage disqualifies me for the MOS for which I entered the ARMY or have been awarded, I may be reclassified into another MOS based on the needs of the Army.

8. RELIGIOUS PRACTICE ACCOMMODATION:

- a. I understand the Department of the Army's policy on accommodation of religious practices is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety, or discipline. The Army places a high value on the rights of its soldiers to observe the tenants of their respective religions. Unit commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need. Policy guidelines are contained in AR 600-20 and AR 165-1 which my guidance counselor has available for me to read. I understand that the Army cannot guarantee accommodation of religious practices.
- b. I further state that I have been given the opportunity to read or I have read the policy in AR 600-20 and AR 165-1.

9. FITNESS TRAINING UNIT:

- a. I understand that all recruits reporting for Basic Combat Training (BCT) and One Station Unit Training (OSUT) will be assessed on their physical fitness during processing at the Reception Battalion.
- b. The new soldiers not meeting the minimum standards listed below will enter the Fitness Training Unit. Those who meet or exceed the standards will proceed on to BCT/OSUT. The minimum standards are:

Push-up:	13 repetitions
Sit-up:	17 repetitions
1 Mile Run:	8 min 30 sec.

10. SEXUAL HARASSMENT:

- a. U.S. Army will not condone any person who violates the rights of; or discriminates against; any person because of their gender. Further, I understand that:

(1) Sexual harassment is a form of gender discrimination that involves unwelcome sexual advances, requests for sexual

favors, and other verbal or physical conduct of a sexual nature, when submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career;

- (2) Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive environment.
- (3) Any soldier or civilian employee in a supervisory or command position who uses or condones implicit or explicit sexual behavior to control, influence, or affect the career, pay, or job of another soldier or civilian employee is engaging in sexual harassment. Who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature is engaging in sexual harassment. Sexual harassment is not limited to the workplace, can occur at almost any place, and violates acceptable standards of integrity and impartiality required of all Army personnel. It interferes with mission accomplishment and unit cohesion. Such behavior by soldiers or Army civilians will not be tolerated.
- (4) I fully acknowledge that I have the duty and responsibility to report immediately any violation of the above stated policy. In addition, I acknowledge that I am aware of the Army policy stated above and any violation could be grounds for adverse action or criminal charges under the Uniform Code of Military Justice. If a violation of the above policy occurs while I am a member of the Delayed Entry/Training Program, I may contact the U.S. Army Recruiting Battalion Executive Officer or Commander at (301) 677-7001 .

- b. U.S. Army has zero tolerance for conduct or behavior that violates the policy stated above.
- c. The Army policy stated above may be found in Army Regulation 600-20, Army Command Policy.

11. PROHIBITED ACTIVITIES:

- a. I understand that the U.S. Army strictly prohibits any social activity of a personal, unofficial nature between U.S. Army Recruiting Command personnel and members of the Future Soldier Program. Prohibited activities include:
 - (1) Any type of romantic or sexual conduct.
 - (2) Sharing of lodging.
 - (3) Sharing of a personal vehicle.
 - (4) Drinking of alcoholic beverages.
 - (5) Personal employment, such as babysitting and maintenance work.
 - (6) Exchange of money; to include loaning, giving, receiving, or borrowing.
 - (7) Exchange of personal property; to include selling, purchasing, leasing, giving, receiving, loaning, and borrowing.
- b. I understand that Future Soldier Program functions are official in nature and are not considered personal, social activity; therefore, the above rules still apply to those functions.
- c. I understand that if I become aware of any recruiting personnel violating any of these rules, I will report it immediately to the Battalion Executive Officer whose telephone number is:
(301) 677-7001 .
- d. I understand that between recruiting personnel and Future Soldiers there will be no sex, no dating, no sleepovers, no sharing of property, no drinking of alcohol, no financial deals, no improper touching, no profane language, no verbal sexual suggestions, and no sexual harassment.

12. PARTICIPATION IN EXTREMIST ORGANIZATIONS OR ACTIVITIES:

- a. I have been advised that participation in extremist organizations or activities is inconsistent with the treatment for all soldiers without regard to race, color, religion, sex, or national origin. Enforcement of responsibilities of military service. It is the policy of the U.S. Army to provide equal opportunity and the Army's equal opportunity policy is a responsibility of command, is vitally important to unit cohesion and morale, and is essential to the Army's ability to accomplish its mission. It is the commander's responsibility to maintain good order and discipline in the unit. Every commander has the inherent authority to take appropriate actions to accomplish this goal. This paragraph identifies prohibited actions by soldiers involving extremist organizations or activities, discusses the authority of the commander to establish other prohibitions, and establishes that violation of the prohibitions contained in this paragraph or those established by a commander may result in prosecution under various provisions of the Uniform Code of Military Justice (UCMJ).
- (1) Participation. Military personnel must reject participation in extremist organizations and activities. Extremist organizations and activities are ones that advocate racial, gender, or ethnic hatred or intolerance; advocate, create, or engage in illegal discrimination based on race, color, sex, religion, or national origin; advocate the use of or use force or violence or unlawful means to deprive individuals of their rights under the United States Constitution or the laws of the United States or any State; or advocate or seek to overthrow the Government of the United States, or any State by unlawful means.
 - (2) Prohibitions. Soldiers are prohibited from the following actions in support of extremist organizations or activities. Penalties for violation of these prohibitions include the full range of statutory and regulatory sanctions, both criminal (UCMJ) and administrative.
 - (3) Participating in a public demonstration or rally.
 - (4) Attending a meeting or activity with knowledge that the meeting or activity involves an extremist cause when on duty, when in uniform, when in a foreign country (whether on- or off-duty or in uniform), when it constitutes a breach of law and order, when violence is likely to result, or when in violation of off-limits sanctions or a commander's order;
 - (5) Fund-raising;
 - (6) Recruiting or training members (including encouraging other soldiers to join);
 - (7) Creating, organizing, or taking a visible leadership role in such an organization or activity; or
 - (8) Distributing literature on or off a military installation the primary purpose and content of which concerns advocacy or support of extremist causes, organizations, or activities and it appears that the literature presents a clear danger to the loyalty, discipline, or morale of military personnel, or if the distribution would materially interfere with the accomplishment of a military mission.
- b. I acknowledge that I have read and fully understand the Army's policy regarding a soldier's participation in extremist organizations or activities. If I request, a complete copy of AR 600-20, paragraph 4-12, will be provided to me.

13. UNIFORM AND APPEARANCE:

- a. I acknowledge that I have been informed of the U.S. Army uniform and appearance policy. I understand that:
- (1) AR 670-1 (Wear and Appearance of Army Uniforms and Insignia) contains personal appearance policies which I will be required to comply with. Soldiers are expected to maintain good daily hygiene and wear their uniform so as not to detract from an overall military appearance.
 - (2) I have been informed that provisions of AR 670-1 as it applies to personal appearance include specific policy with regard to body markings.

(3) The current policy is as follows:

(a.) Any person with a tattoo on the head, neck, scalp, or face will not be accepted. Furthermore, regardless of a tattoo's location, any tattoo deemed offensive, racist, profane, and/or linked to a criminal activity or extremist group may be denied enlistment.

(b.) TATTOOING in areas of the body (i.e., face, legs, hands, fingers, etc.,) that would cause the tattoo to be exposed in a Class A Uniform would detract from a soldierly appearance.

(c.) Any person who is not in compliance with AR 670-1 as it applies to tattoos will not be accepted for enlistment in the U.S. Army.

b. I have been advised that while a member of the U.S. Army, to include the Delayed Entry Program, I may not violate the above policy. I will refrain from obtaining any body markings or I may be denied entry for violation of the above expressed policy.

c. I hereby state that I have revealed the existence of all tattoos during my medical examination. I have further revealed to my recruiter, or guidance counselor that I have markings (tattoos).

I DO NOT HAVE ANY TATTOOS.

14. MILITARY SERVICE OBLIGATION UNDERSTANDING:

I understand that an original enlistment in the US Armed Forces obligates me to an eight (8) year Military Service Obligation. My term of enlistment in the Regular Army is creditable towards that obligation, as was any enlistment in the Delayed Entry Program. In the event that the Secretary of the Army determines that military necessity of a national scope requires that soldiers be available for assignment/reassignment or training, any or all guarantees contained in this agreement may be terminated. Under these conditions I may be trained, assigned or reassigned according to the needs of the Army.

AUTHENTICATION

15. I have read and understand the statements above and that these statements are intended to constitute ALL promises and guarantees whatsoever concerning my enlistment. No other (verbal or otherwise) promise or representation not annexed to my enlistment contract is valid or will be honored. I hereby state that I have NOT been promised anything other than what is written on this form and hereby waive any claim based upon any promise or representation not annexed to my contract. I further state that I have provided my recruiter and guidance counselor all information concerning my qualifications and that no official in the U.S. Army or any other agency has advised me to conceal, nor have I concealed information in connection with my enlistment.

I certify that I have not received any additional law violations, and remain morally qualified for the enlistment options I have chosen.

All additional documentation/information necessary for my MOS / Options have been provided IAW AR 601-210.

TYPED NAME AND SSN OF APPLICANT

SIGNATURE OF APPLICANT

DATE

Bradley Edward Manning

(b) (6), (b)



20071002

NAME: Manning, Bradley Edward

SSN: 445-98-9504

**TYPED NAME AND GRADE OF
COUNSELOR**

**SIGNATURE OF GUIDANCE
COUNSELOR**

DATE

Mr Mark A Jones



20071002

Office of Personnel Management
2.2

EPSQ version

SECURITY CLEARANCE APPLICATION

O.M.B. No. 3206-0007

Date: 10/02/2007

Time: 5:40

AM

Standard Form 86, Sep. 95

Manning, Bradley Edward

SSN: (b) (6) -

(b)

1. Personal Information

Name: Manning
Bradley Edward

Birth Date: 1987/12/17

Sex:

MALE

Place of Birth: Oklahoma City, OK

County: OKLAHOMA

UNITED STATES

Maiden Name:

Work/Day Phone:

Home/Evening Phone: (b) (6)

(b)

Height: 5 - 2

Weight: 101.00

Hair Color: BLOND

Eye Color:

BLUE

2. Other Names Used

NO Have you ever used or been known by another name?

3. Citizenship

Current Citizenship: U.S. CITIZEN AT BIRTH, NATIVE BORN

Mothers Maiden Name: Fox
Susan Mary

NO Are you now or were you a dual citizen of the U.S. and another country?

Passport Number: (b) (6), (b)
2005/08/24

Passport Issuance Date:

4. Where You Have Lived

FROM TO ADDRESS

1. 2006/07/10

PRES

(b) (6), (b) (7)(C)

Person Who Knows You:

(b) (6), (b) (7)(C)

Phone: (b)

NO Is this residence address hard to find?

2. 2006/04/10 2006/07/09

(b) (6), (b) (7)(C)

Person Who Knows You:

(b) (6), (b) (7)(C)

Phone: (b)

NO Is this residence address hard to find?

3. 2005/09/10 2006/04/09

(b) (6), (b) (7)(C)

Person Who Knows You:

(b) (6), (b) (7)(C)

Phone: (b)

NO Is this residence address hard to find?

4. 2001/11/10 2005/09/09

(b) (6), (b) (7)(C)

Person Who Knows You:

(b) (6), (b) (7)(C)

Phone: (b)

NO Is this residence address hard to find?

5. 1992/01/09 2001/11/09

(b) (6), (b) (7)(C)

Person Who Knows You:

(b) (6), (b) (7)(C)

Phone: (b) [REDACTED]

NO Is this residence address hard to find?

5. Where You Went To School

YES Have you attended school beyond Junior High School within the last 5 years?

FROM	TO	TYPE/ADDRESS

1. 2001/09/01	2005/06/09	HIGH SCHOOL
Degree/Diploma/Other		Tasker Milward VC
HIGH SCHOOL DIPLOMA		Portfield Ave Haverford
Award Date: 2005/06/09		Wales, UNITED KINGDOM SA611EQ

Person Who Knows You

(b) (6), (b) (7)(C)
[REDACTED]

Phone: (b) [REDACTED]

2. 2007/01/09	2007/05/10	COLLEGE, UNIVERSITY, MILITARY
COLLEGE		

Degree/Diploma/Other
ROCKVILLE

MONTGOMERY COLLEGE OF

Award Date:

(b) (6), (b) (7)(C)
[REDACTED]

Person Who Knows You

(b) (6), (b) (7)(C)
[REDACTED]

Phone: (b) [REDACTED]

6. Your Employment Activities

FROM	TO	TYPE OF EMPLOYMENT

1. 2007/01/10	PRES	OTHER

Your Position: Barista
Employer Name: Starbucks
Employer Address: 7911 Tuckerman Lane
Potomac, MD 20854
Employer Phone: 011 301-765-0556

Supervisor Name: (b) [REDACTED]
(6) [REDACTED]
Supervisor Phone:

NO Is the job address different from the employer's address?

NO Is the supervisor's address different from the job location address?

PREVIOUS PERIODS OF ACTIVITY:

NO Have you worked for this organization previously?

2. 2006/06/10 2007/01/09 UNEMPLOYMENT (INCLUDE NAME OF
PERSON WHO CAN VERIFY)

Your Position: Unemployed
Employer Name: (b) (6), (b) (7)(C) [REDACTED]
Employer Address: [REDACTED]
Employer Phone: [REDACTED]

3. 2006/04/10 2006/06/09 OTHER

Your Position: Asst Manager
Employer Name: FYE
Employer Address: 7021 S Memorial Drive
Tulsa, OK 74133
Employer Phone: 011 918-252-7399

Supervisor Name: (b) (6) [REDACTED]
Supervisor Phone:

NO Is the job address different from the employer's address?

NO Is the supervisor's address different from the job location address?

PREVIOUS PERIODS OF ACTIVITY:

NO Have you worked for this organization previously?

4. 2006/02/10 2006/04/09 OTHER

Your Position: Intern Programmer
Employer Name: Zoto Inc
Employer Address: 123 South Hudson Street
Oklahoma City, OK 73102
Employer Phone: 011 650-641-0108

Supervisor Name: (b) (6), (b) (7)(C)

Supervisor Phone:

NO Is the job address different from the employer's address?

NO Is the supervisor's address different from the job location address?

PREVIOUS PERIODS OF ACTIVITY:

NO Have you worked for this organization previously?

5. 2005/09/10 2006/02/09 OTHER

Your Position: Server
Employer Name: Incredible Pizza Co
Employer Address: 8314 E 71st
Tulsa, OK 74133
Employer Phone: 011 918-294-8671

Supervisor Name: (b) (6), (b) (7)(C)

Supervisor Phone:

NO Is the job address different from the employer's address?

NO Is the supervisor's address different from the job location address?

PREVIOUS PERIODS OF ACTIVITY:

NO Have you worked for this organization previously?

6. 1988/08/03 2005/09/09 UNEMPLOYMENT (INCLUDE NAME OF
PERSON WHO CAN VERIFY)

Your Position: Unemployed
Employer Name: (b) (6)
Employer Address: (b) (6)

Employer Phone: (b) (6), (b) (7)(C)

NO Were you in the Federal Civil Service prior to the last 10 years?

7. People Who Know You Well

FROM	TO	REFERENCE NAME/ADDRESS
1. 1996/01/14	PRES	(b) (6), (b) (7)(C)
Road	Home Address:	
	Evening Phone:	(b) (6) (b) (6)
2. 1993/09/10	PRES	(b) (6), (b) (7)(C)
	Home Address:	
	Evening Phone:	
3. 1993/08/10	PRES	(b) (6), (b) (7)(C)
	Home Address:	
	Evening Phone:	

8. Your Spouse

What is your current marital status? NEVER MARRIED

9. Your Relatives and Associates

RELATIONSHIP	NAME/ADDRESS
1. MOTHER	(b)

(b) (6), (b) (7)(C)

(b) (6)

DOB: (b) (6)

POB: UNITED KINGDOM

Country of Citizenship: UNITED KINGDOM

2. FATHER

(b) (6), (b) (7)(C)

DOB: (b) (6)

POB: UNITED STATES

Country of Citizenship: UNITED STATES

3. SISTER

Major

Casey Manning

308 NW 24th ST

Oklahoma City 73103

DOB: (b) (6)

POB: UNITED STATES

Country of Citizenship: UNITED STATES

10. Citizenship of Your Relatives and Associates

RELATIONSHIP

NAME

1. MOTHER

(b) (6), (b) (7)(C)

DOB: (b) (6)

Type: OTHER

Citz. Date:

Certificate Number:

Court:

City/State:

Comments: Mother is not a citizen

11. Your Military History

NO Have you ever served in the military? (If yes, provide in chronological order your military history: begin with the most recent period and include Reserves, National Guard, Merchant Marines, and Foreign Military Service.)

12. Your Foreign Activities - Property

NO Do you have foreign property, business connections, or financial interests?

13. Your Foreign Activities - Employment

NO Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

14. Your Foreign Activities - Contact with Foreign Governments

NO Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

15. Your Foreign Activities - Passport

NO In the past 7 years, have you had an active passport that was issued by a foreign government?

16. Foreign Countries You Have Visited

YES Have you traveled outside the United States on other than official U.S. Government orders in the last 7 years? (Travel as a dependent or contractor must be listed.) Do not repeat travel covered in modules 4, 5, and 6. (Lived, worked, attended school)

FROM/COUNTRY

TO/PURPOSE

1. 2006/03/15
UNITED KINGDOM

2006/03/22
PLEASURE

2. 2001/11/01
UNITED KINGDOM

2005/09/15
OTHER

3. 2004/10/10
JAPAN

2004/10/31
PLEASURE

17. Your Military Record

NO Have you ever received other than an honorable discharge from the military?

18. Your Selective Service Record

YES Are you a male born after December 31, 1959?

YES If yes, have you registered with the Selective Service System?

Selective Service Number: (b) (6)

19. Your Medical Record

NO In the last 7 years, have you consulted a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

20. Your Employment Record

NO Has any of the following happened to you in the past 7 years?

- Fired from job,
- Quit a job after being told you'd be fired,
- Left a job by mutual agreement following allegations of misconduct,
- Left a job by mutual agreement following allegations of unsatisfactory performance; or
- Left a job for other reason under unfavorable circumstances

21. Your Police Record - Felony Offenses

NO Have you ever been charged with or convicted of any felony offense? (Include those under the Uniform Code of Military Justice.) For this item, report information regardless

of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

22. Your Police Record - Firearms/Explosives Offenses

NO Have you ever been charged with or convicted of a firearms or explosives offense? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

23. Your Police Record - Pending Charges

NO Are there currently any charges pending against you for any criminal offense? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

24. Your Police Record - Alcohol/Drug Offenses

NO Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

25. Your Police Record - Military Court

NO In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (include non-judicial, Captain's mast, etc.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for

which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

26. Your Police Record - Other Offenses

NO In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in modules 21, 22, 23, 24, or 25? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

27. Your Use of Illegal Drugs and Drug Activity-Illegal Use of Drugs

NO Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), phetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

28. Your Use of Illegal Drugs and Drug Activity-Use in Sensitive Positions

NO Have you EVER illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety?

29. Your Use of Illegal Drugs and Drug Activity - Drug Activity

NO In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

30. Your Use of Alcohol

NO In the last 7 years has your use of alcoholic beverages (such as liquor, beer, wine)

resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? Do not repeat information reported in EPSQ Module 19 (Section 21 from the SF86).

31. Your Investigation Record - Investigations/Clearances Granted

NO Has the United States Government ever investigated your background and/or granted you a security clearance? (If you can't recall the investigating agency and/or the security clearance received, enter (Y)es and follow instructions in the help text for the fields on the next screen. If you can't recall whether you've been investigated or cleared, enter (NO.)

32. Your Investigation Record - Clearance Actions

NO To your knowledge have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? (Note: An administrative downgrade or termination of a security clearance is not a revocation.)

33. Your Financial Record - Bankruptcy

NO In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

34. Your Financial Record - Wage Garnishments

NO In the last 7 years, have you had your wages garnished for any reason?

35. Your Financial Record - Repossessions

NO In the last 7 years, have you had any property repossessed for any reason?

36. Your Financial Record - Tax Lien

NO In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

37. Your Financial Record - Unpaid Judgements

NO In the last 7 years, have you had any judgements against you that have not been paid?

38. Your Financial Delinquencies - 180 Days

NO In the last 7 years, have you been over 180 days delinquent on any debt(s)?

39. Your Financial Delinquencies - 90 Days

NO Are you currently over 90 days delinquent on any debt(s)?

40. Public Record Civil Court Actions

NO In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

41. Your Association Record - Membership

NO Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

42. Your Association Record - Activities

NO Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

43. General Remarks

NO Do you have any additional remarks to enter in your application?

Co-Subject Report

RELATIONSHIP

NAME

1. **MOTHER**
POB: UNITED KINGDOM

(b) (6) [REDACTED]

Deceased? NO

Address: (b) (6) [REDACTED]

Country of Citizenship: UNITED KINGDOM

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I **hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:


Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink) 		Full Name (Type or Print Legibly) Manning, Bradley E		Date Signed 20070926
Other Names Used				Social Security Number (b) (6)
Current Address (Street, City) (b) (6)		State (b) (6)	ZIP Code (b) (6)	Home Telephone Number (Include Area Code) (b) (6)

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.


I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.


Signature (Sign in ink) 	Full Name (Type or Print Legibly) Manning, Bradley E	Date Signed 20070926
Other Names Used	Social Security Number (b) (6)	
Current Address (Street, City) (b) (6)	State (b)	ZIP Code (b)
Home Telephone Number (Include Area Code) (b) (6)		

UNITED STATES OF AMERICA

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 10.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See Section 1001 of title 18, United States Code).

Signature (Sign in ink) 	Full Name (Type or Print Legibly) Manning, Bradley E	Date Signed 20070926
Social Security Number (b) (6)		

MONTGOMERY GI BILL ACT OF 1984 (MGIB)

(Chapter 30, Title 38, U.S. Code)

BASIC ENROLLMENT

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.

PRINCIPAL PURPOSE(S): To document the understanding of members about their eligibility or lack of eligibility for benefits under the Montgomery GI Bill Act of 1984 (MGIB) and document a member's election to decline enrollment for benefits under the MGIB.

ROUTINE USE(S): To the Department of Veterans' Affairs to ascertain an individual's eligibility to claim benefits under the MGIB.

DISCLOSURE: Voluntary; however, failure to provide the requested information will result in the individual being automatically enrolled in the MGIB program.

1. SERVICE MEMBER DATA

a. NAME(LAST, First, Middle Initial)

Manning, Bradley Edward

b. SOCIAL SECURITY NUMBER (SSN)

(b) (6)

2. STATEMENT OF UNDERSTANDING FOR INELIGIBLE MEMBERS

I am **NOT** eligible for the MGIB because (a) I am a service academy graduate, or (b) I am an ROTC' scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty.

a. SERVICE MEMBER SIGNATURE


b. RANK/GRADE

c. DATE SIGNED(YYYYMMDD)

3. STATEMENT OF UNDERSTANDING FOR ALL ELIGIBLE MEMBERS

1. I am automatically enrolled unless I exercise the option to **DISENROLL** by signing Item 5 below.
2. I understand that **UNLESS I DISENROLL** from the MGIB my basic pay will be reduced \$100 per month or the current monthly rate until \$1200 has been deducted; this basic pay reduction **CANNOT** be **REFUNDED, SUSPENDED OR STOPPED** this is an **IRREVOCABLE DECISION**.
3. I must complete 36 months of active duty service (24 months if my enlistment is for less than 36 months) before I am entitled to the current rate of monthly benefits. The MGIB provides benefits for a period of 36 months.
4. I understand I am eligible for an increased monthly benefit by contributing an additional amount, not to exceed \$600 while on active duty. Once I separate, I cannot contribute.

5. I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB. This **DOES NOT** include 'under honorable conditions'.
6. I must complete the requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of 12 semester hours in a program of education leading to a standard college degree before applying for benefits with the Department of Veterans' Affairs.
7. I have 10 years from date of last discharge from active duty to use MGIB benefits.
8. If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans' Affairs (DVA).
9. I cannot receive any combination of DVA educational benefits in excess of 48 months.
10. I must complete at least **24** months of a 3 year active duty service obligation and if my obligation is 2 years I may join and serve honorably in the Selected Reserve for a minimum of 48 months to qualify for the current active duty benefit rate. A (one) period of service **CANNOT** qualify me for both active and reserve MGIB benefits.

a. SERVICE MEMBER SIGNATURE	b. RANK/GRADE	c. DATE SIGNED(YYYYMMDD)
	E01	20070926

4. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS

Term of Enlistment: 4 Years, 00 Weeks, MOS: 35F

5. STATEMENT OF DISENROLLMENT

I **DO NOT** desire to participate in MGIB. I understand the benefits of the MGIB program and that I **WILL NOT** be able to enroll at a later date.

a. DATE SIGNED(YYYYMMDD)	b. RANK/GRADE	c. SERVICE MEMBER SIGNATURE

6. CERTIFYING OFFICIAL

a. TYPED OR PRINTED
NAME(LAST, First, Middle
Initial)

Jones , Mark A

b. RANK/GRADE **c. SIGNATURE**



d. DATE
SIGNED
(YYYYMMDD)

20070926

DD FORM 2366, JUN 2002

PREVIOUS EDITION IS OBSOLETE.



REPORT OF MEDICAL HISTORY

Form Approved
OMB No. 0701-0113
Expires Oct 31, 2016

[This information is for official and medically confidential use only and will not be released to unauthorized persons.]

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Service, Directorate for Information Operations and Reports (1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 522, 978, 1201, 1202, and 4345; and E.O. 9397.
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical heoron and separation of Service members for the Armed Forces.
ROUTINE USE(S): None

DISCLOSURE: Voluntary, however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-employable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both) to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or tried by an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

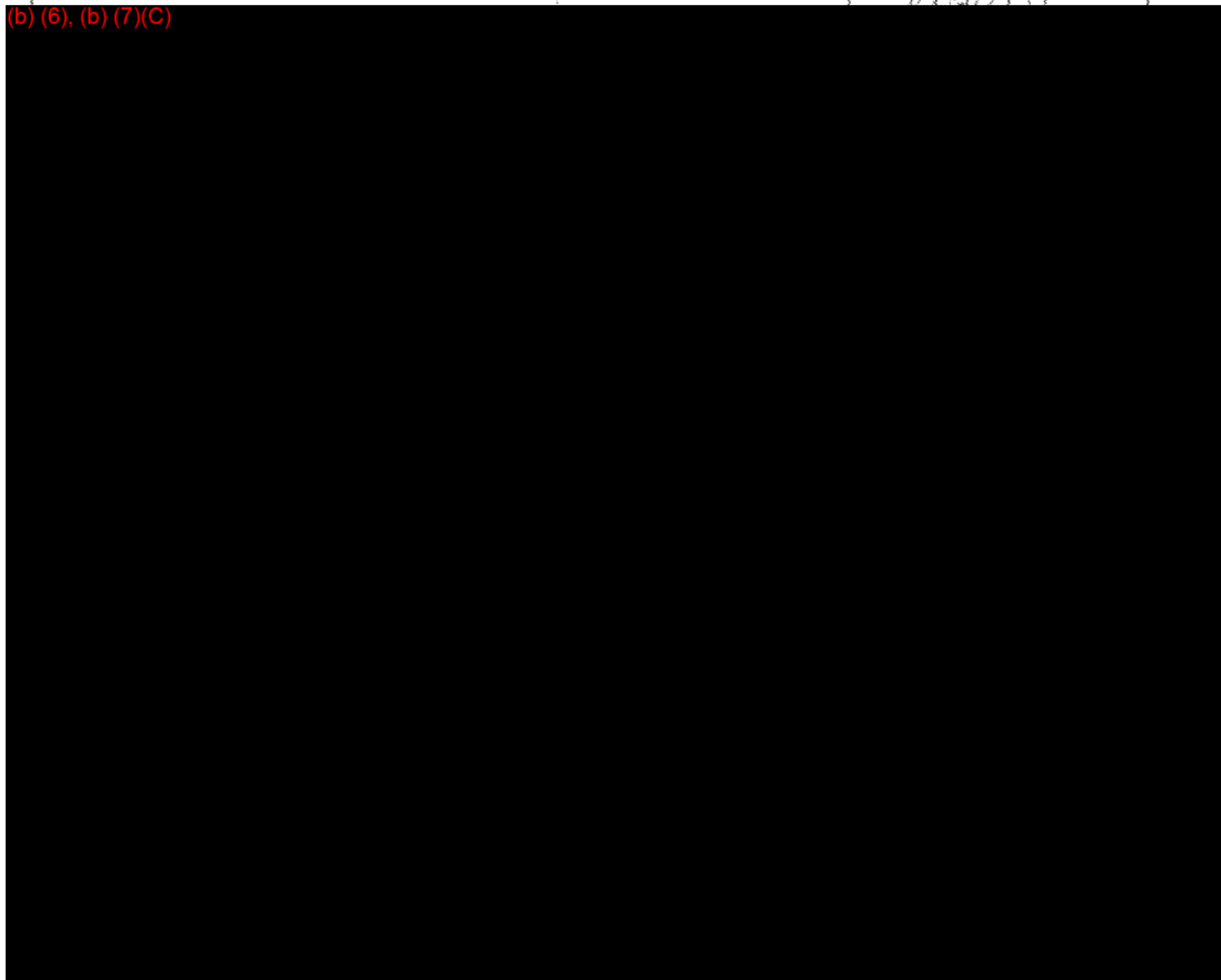
MANNING

2. SOCIAL SECURITY NUMBER

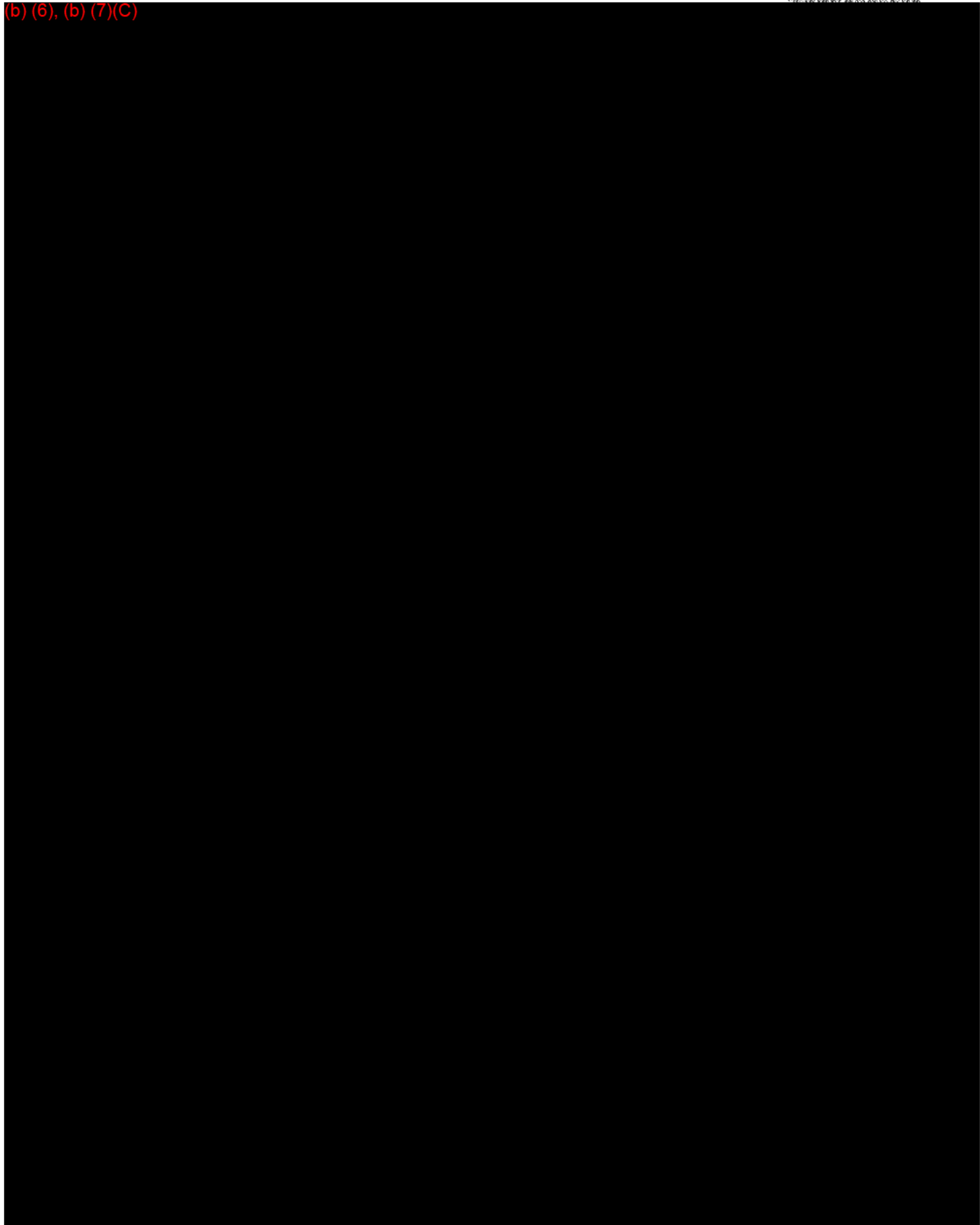
3. TODAY'S DATE (11/1 YEAR/0000)

000000

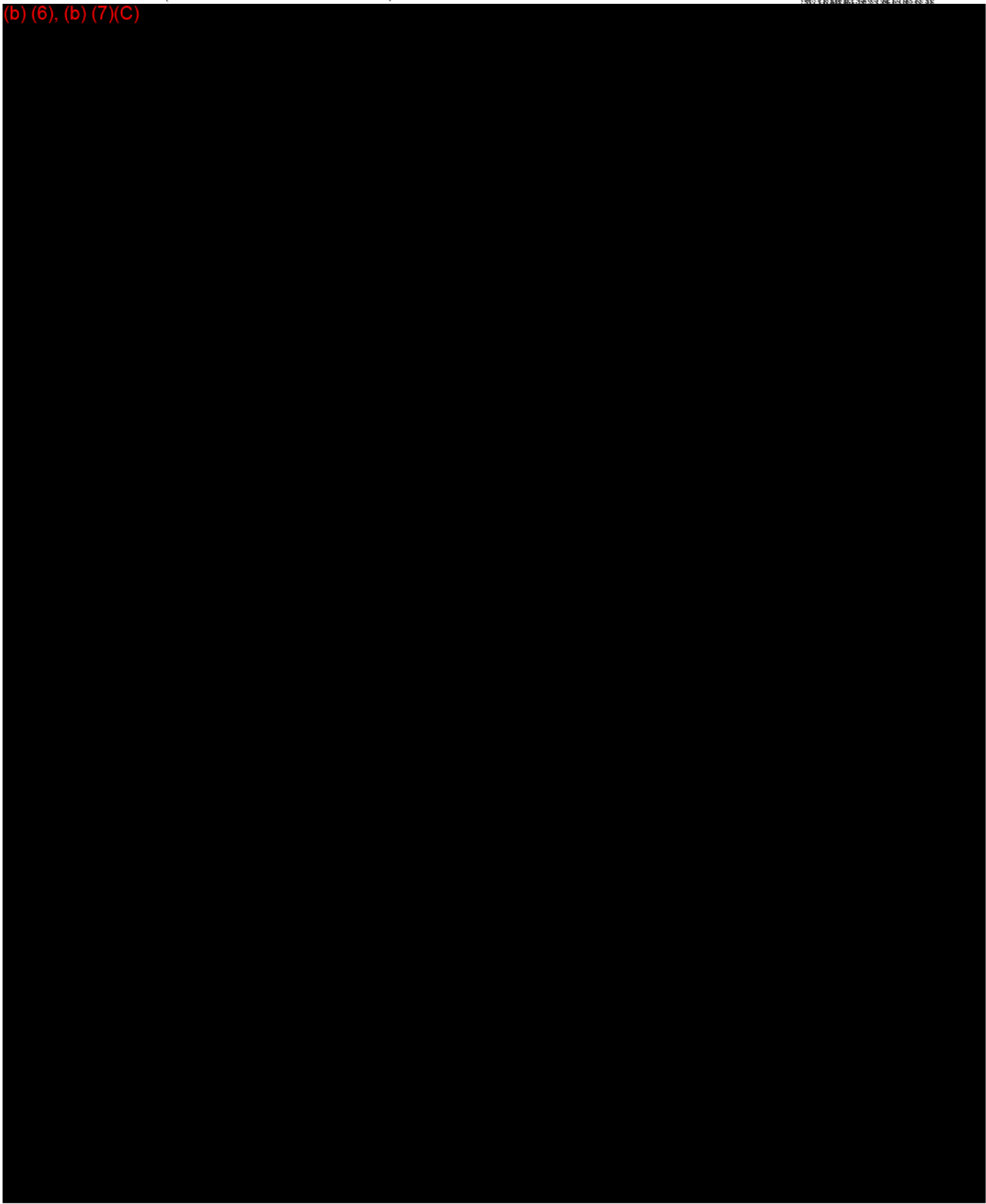
(b) (6), (b) (7)(C)



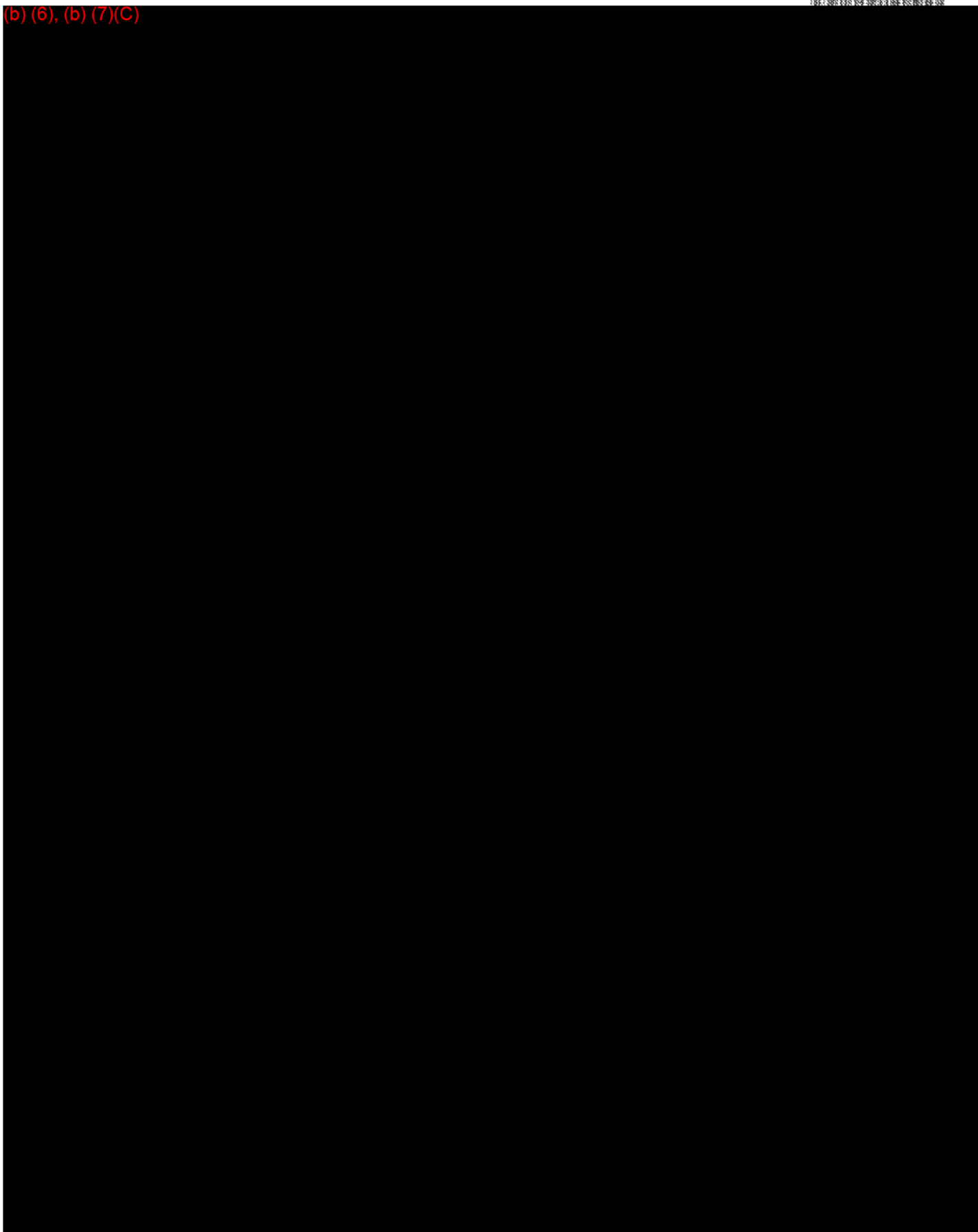
(b) (6), (b) (7)(C)



(b) (6), (b) (7)(C)

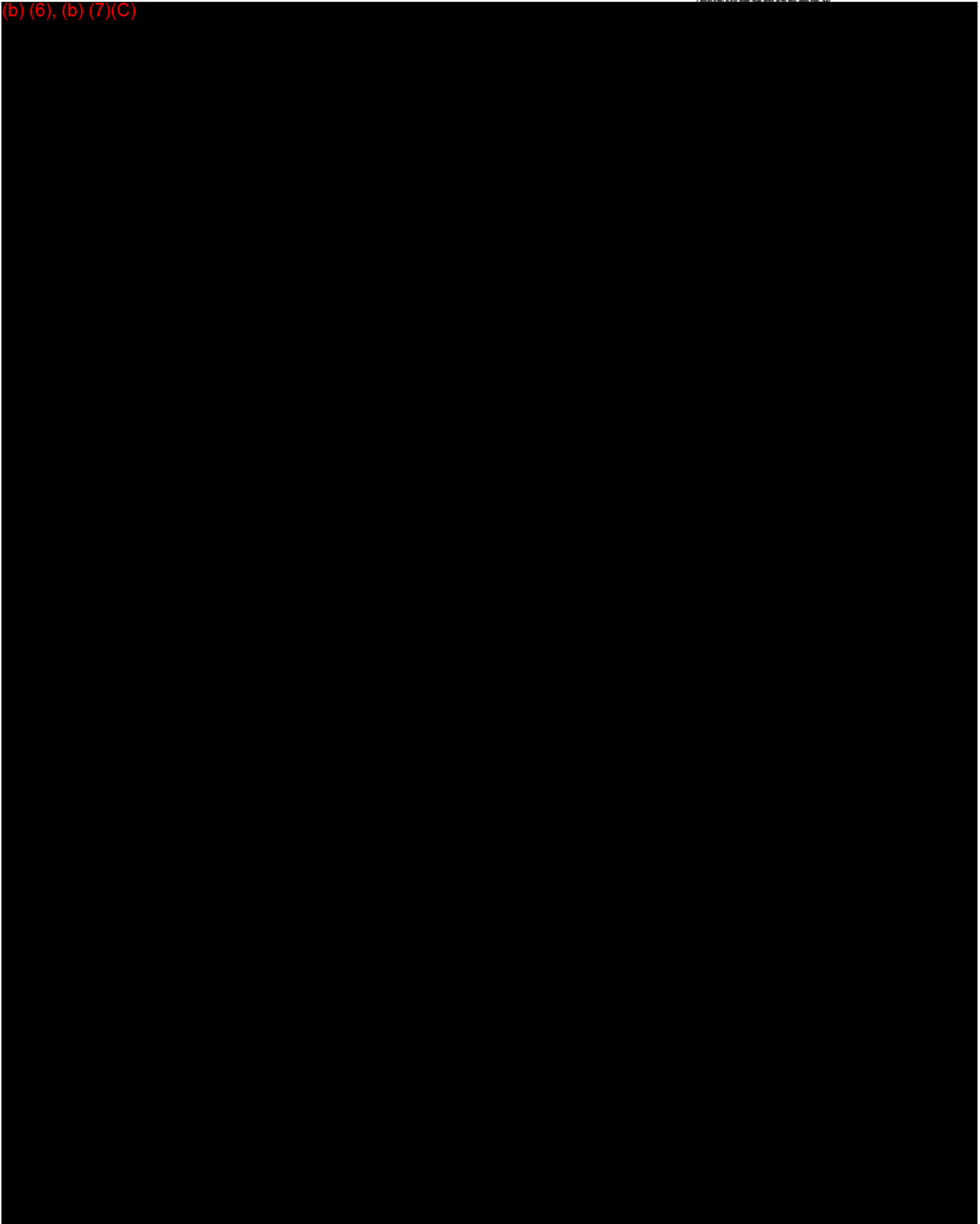


(b) (6), (b) (7)(C)



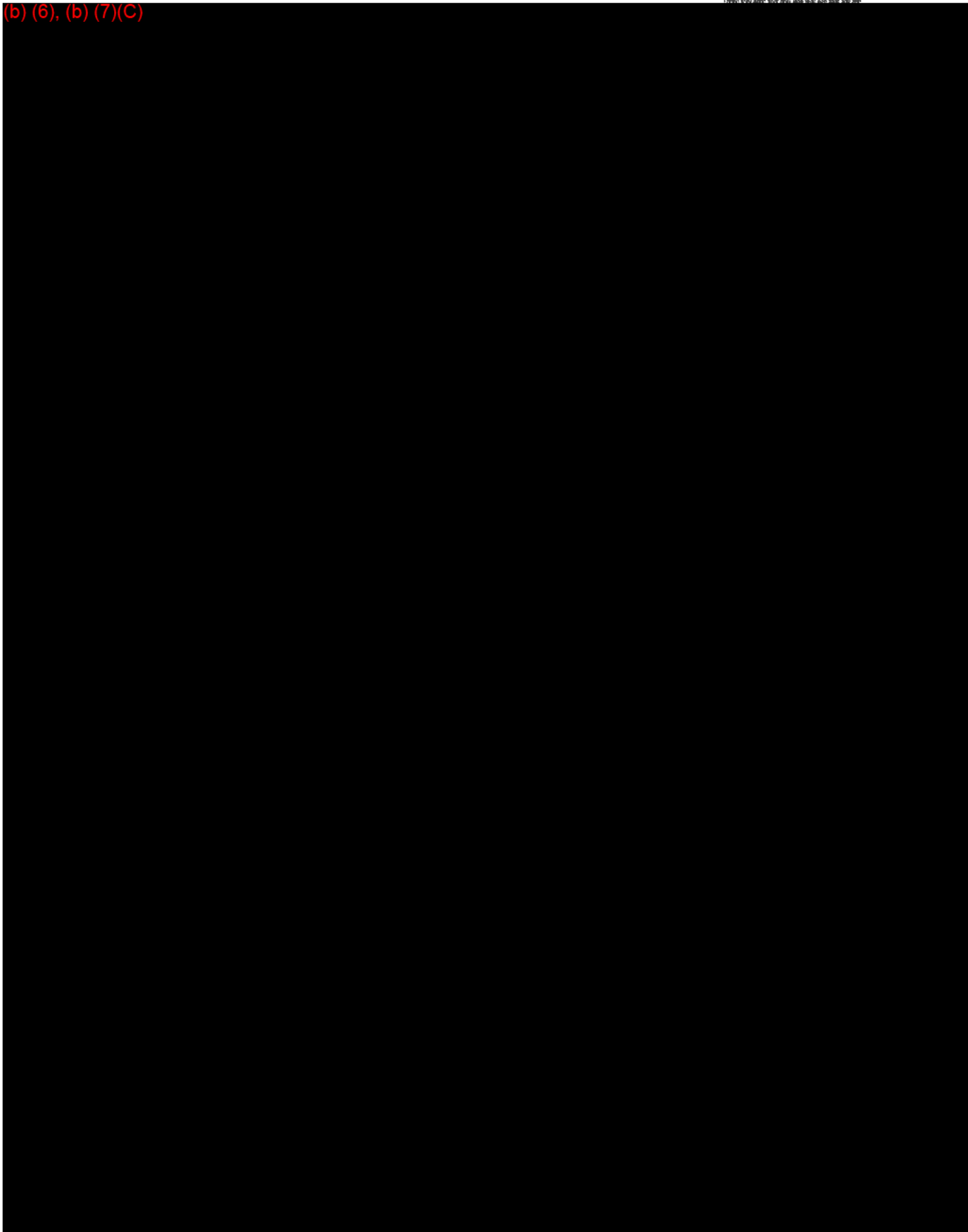


(b) (6), (b) (7)(C)





(b) (6), (b) (7)(C)





(b) (6), (b) (7)(C)

